

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

October 6, 1958

The Newspaper of American Medicine

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Capsules of the NEWS..

HEALTH COSTS: Expenditure on health and social services in Australia now totals more than one-fifth of the national income. Soon expenditure will be increased from \$546,750,000 to \$607,500,000, said Hugh S. Robertson, Minister for Social Services.

MEDICAL PROGRESS: At turn of century more than 25% of children born in U.S. faced prospect of becoming orphans by the time they reached 18. Today the figure has been reduced to 7%.

LEGISLATION: American Podiatry Assn., recognizing dangers of excessive radiation, advocates legislation in all states to outlaw shoe fitting fluoroscopic (X-ray) machines in stores.

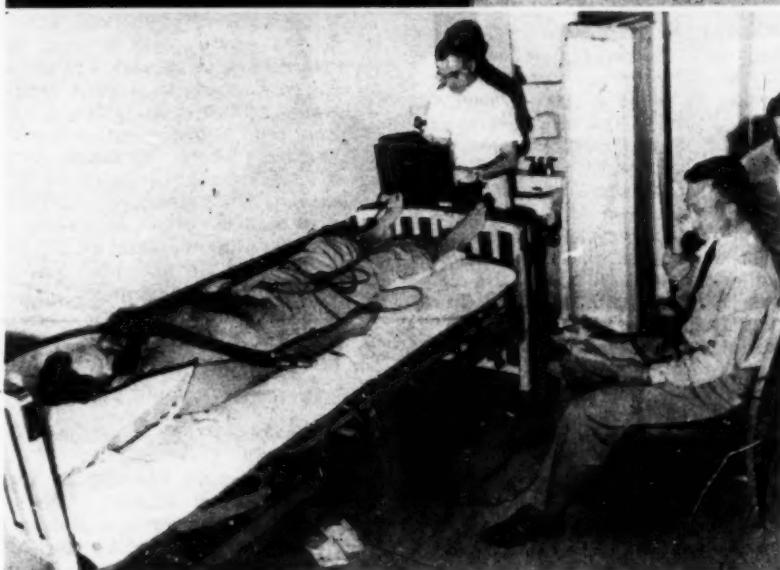
SPORTS DEATHS: 1,000 young athletes have died in all sports activities in U.S. during past 25 years, reports Therapeutic Notes.

SKIN TESTS: Tennessee Health Dept. is switching largely from general policy of mass chest X-ray to skin tuberculin tests because of radiation build-up already in the air, said Dr. Alex Shipley, department's East Tennessee director.

HEALTH INSURANCE: U.S. Tax Court, ruling on deductions for costs of health insurance premiums, emphasized only the part of premium providing for reimbursement of hospital and doctor bills can be counted toward deduction.

DETROIT POLIO: No letup in polio cases is reported at Detroit, with 10-14 new cases each day. The city has had 451 cases with 12 deaths in 1958, compared with 161 cases a year earlier. U.S. Public Health Service counted 399 new cases in week ending Sept. 13, their latest figure, and 317 for the previous week. First 37 weeks of year saw 2,942 cases in U.S., compared to 4,402 for same period of 1957.

PENICILLIN CURB: World Health Organization has proposed sale and use of penicillin be put under medical control. It said in U.S. alone 1,000 persons had died by 1957 after improper use of the drug. Statistically, not more than 25 of every 10 million shots lead to serious consequences, and only three of them may be fatal, WHO report said.



Wide World Photos

Long Distance Diagnosis

Physicians in Kansas City, Mo. correctly diagnosed heart ailments of three patients 1,000 miles away in Bethesda, Md., in the first demonstration of such cross-country medical service.

Capt. Norman Lee Barr, Bethesda physician who developed electronic system to make such diagnosis possible,

disclosed similar successful telemetering from Naples, Italy, to Bethesda a week earlier.

Seated in top picture, left to right, in Kansas City are Drs. John C. Harvey, Johns Hopkins U., James Crockett, U. of Kansas Medical Center, and Navy Capt. Barr.

In lower picture, Lt. John D. Kern, Philadelphia, gives patient's case history to doctors by telephone while ET/1 Lee Olin White, Palatka, Fla., watches electronic equipment.

Patient wears mask for a respiratory check, and has electronic transmitting device strapped to his body. Device recorded and converted diagnostic information into electronic signals, transmitted by telephone wires to Kansas City.

Information transmitted included electro-cardiogram, heart sounds, pulse rate, respiratory rate and volume. Without seeing or touching patients, physicians in Kansas City reached same diagnosis as doctors who examined patients on the spot.

One case was cor pulmonale, another was mild infarct. Third patient had a right-sided heart, admittedly a "trick" to see if it would confuse the distant diagnosticians. It didn't.

Doctor Operates On Living Cell

Microscopic surgery has been performed on a living cell by Dr. C. L. Smith, Cambridge U., England.

The cell, from embryo of an incubated chicken egg, measured 20 by 30 billionths of a meter. Scientists call this 20 by 30 mu. Mu is a millionth of a millimeter, a millimeter is a thousandth of a meter, a meter 38.37 inches.

Using beams of tiny alpha particles, the nuclei of helium atoms, the surgery was performed to determine effects of radiation on living cell, basic unit of life. Operation showed radiated cells did not divide properly.

Etiologic Agents Still Go By Air

Medicine has won an important fight in Washington. In the face of strong protests from American Medical Association, state medical societies, Public Health Service and many others, the Post Office Department has shelved its plan for banning the airmail shipment of etiologic diseases agents.

Some of the airlines, through the Air Transport Association, placed embargoes on air freight of such bacterial and viral agents, wanted the post office to go all the way in banning airmail, too. They feared possible breakage and harm to passengers and crew.

It all started when a plane landed in Baltimore two years ago with a large vial of polio virus leaking. No illnesses resulted.

Commented Dr. Leroy Burney, PHS surgeon general, in formal protest to the Post Office: "The proposed change would produce a disastrous effect upon current methods of disease control, medical research and even national defense against bacteriological warfare."

PHS cited the fast work last year in developing the Asian flu vaccine and said it was only possible because of air transportation.

Dr. F. J. L. Blasingame, executive vice president of AMA, wrote that etiologic agents are an important part of the doctor's armamentarium but they "are of no value if they are not available when needed." He added: "Sometimes quick delivery is critical in the saving of lives or in attacking an epidemic. Airmail affords such fast service."

And No Accidents

Dr. Safety First, Tulsa, Okla., has been living up to his name. He's never been in an accident.

His father, the late Dr. Francis Ray First of Checotah, Oklahoma, gave him the name after a popular slogan of 1920.

Though he practices safety, Dr. First never has served on a safety committee.

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Wisconsin Groups Meet in Dispute

A divided House of Delegates of the State Medical Society of Wisconsin voted at a special session to establish one Blue Shield plan in the state and directed the Milwaukee County society to sell its plan only within its county limits and under the House's direction.

Milwaukee delegates challenged the House's legal right to take the action.

President Resigns: Dr. Jerome W. Fons, Milwaukee, immediately resigned as president of the state society. The House asked him to reconsider.

The House also voted to:

- Study Blue Cross subscriber rates and hospital costs.
- Ask state insurance department to rule on use of Blue Shield emblem by both plans.
- Direct each county society to end operations within the territory of another society. A society which does not will lose its charter.

Dr. Fons told the House: "You have mandated the council to revoke the charter of my county society and as a matter of principle I must resign."

The present controversy became an acute issue in May when the agreement for Blue Cross to act as enrolling agent for the state's plan ended. In August Blue Cross began enrollment for the Milwaukee plan on a statewide basis.

Rates Cut: In New Jersey, the Blue Shield plan cut its subscriber rates by 5% and provided for higher fees to physicians on Oct. 1.

The rate reduction was ordered by State Commissioner of Banking and Insurance Charles R. Howell, who claimed the organization had an "unnecessarily high" cash reserve of \$10 million.

Dr. Nicholas F. Alfano, executive vice president of the Medical-Surgical Plan of New Jersey (Blue Shield), said the Board of Trustees put the reduced rates into effect although disagreeing as to the need for it.

He estimated the reductions represent \$1½ million yearly and that the maximum saving for any one subscriber would \$2.16.

The trustees put into effect adjusted fees for doctors that were planned on the basis of the higher rates, Dr. Alfano said.

Catastrophic: In New York, a medical professor estimated that physicians could help Blue Cross save about \$23 million a year. "If the average length of stay of Blue Cross patients in hospitals were reduced ½ day and if one in every 50 Blue Cross patients were kept out of the hospital through some other form of care . . ."

Dr. Ray E. Trussell of Columbia U. described the climbing utilization of hospitals as "catastrophic" in its effects on health insurance plans.

Professor Trussell added, "Physicians will have to share the responsibility for keeping the costs of medical care at as low a level as possible, but comparable with good medicine."

He is directing a year-long study of the 19 nonprofit health insurance plans in New York.

Hospital Opened

Copenhagen County Hospital, built at a cost of \$13 million and called Europe's most modern, has been opened in Gjøstrup, a suburb of the Danish capital. The 1,200-bed hospital has six egg-shaped operating theaters.



GARDEN STATE RESIDENTS took advantage of free eye examinations under program of Medical Society of New Jersey and other groups. Here, Mrs. Madelyn Jones, Newark, is checked by Dr. John Isabella, resident. The program is for all persons over 25 not already under treatment and is designed to detect evidence of eye disease. Follow-ups are by physicians.

AMA, Insurers Plan Meetings

The AMA is taking steps to cooperate with insurers in developing a more effective and expanded voluntary health program with special attention to needs of people over 65.

The Board of Trustees has appointed 5 of its members to meet with insurance company presidents from the Health Insurance Council.

The Council on Medical Service's Committee on Insurance and Prepayment Plans has voted to establish similar liaison with technical experts from HIC and with the Blue Shield Commission, the Blue Cross Commission, and representatives of lay-sponsored prepayment plans.

Discussing the formation of the AMA-HIC committee before a meeting of the International Claim Association in French Lick, Ind., Dr. Louis M. Orr said it was a natural outgrowth since the two groups share common "ideas, ideals and philosophies."

The AMA president-elect pointed out that physicians and HIC representatives had gone to Washington "not so long ago" to oppose a dangerous proposal that could eventually take the word 'voluntary' out of health insurance and the words 'private physician' out of medical care." Dr. Orr added:

"There is no doubt in my mind that if voluntary health insurance is going to continue to work properly and satisfactorily for patients, we in the medical profession and you in the health insurance industry must act like the partners we are in this field."

Radio and TV Notes

The following programs are of special interest to physicians:

Oct. 8—*Today*. Dave Garroway begins series on mental health problems in U.S. with live telecast from Central Islip State Hospital, Central Islip, N.Y. NBC-TV 7:30 a.m. EDT.

Oct. 12—*Youth Wants to Know*. American students interview V. M. Zhdanov, Soviet deputy minister of health. NBC-TV 5:30-6 p.m. EDT Radio; NBC Radio 10:30 p.m. EDT.

Oct. 13—*Hallmark Hall of Fame*. Julie Harris and Christopher Plummer in *Johnny Belinda*, the story of a deaf girl. NBC-TV 9:30-11 p.m. EDT.

Oct. 20—*Westinghouse Desilu Playhouse*. Lew Ayres in *The Case for Dr. Mudd*, the story of the physician who was imprisoned after treating John Wilkes Booth. CBS-TV 9:10 p.m. EDT.

Oct. 23—*Gateway to the Mind*. Dr. Frank Baxter hosts Bell Telephone Science Series with the story of the human senses. NBC-TV

Physicians Flee East Germany

So many doctors have fled East Germany that some small cities and hospitals have no doctors at all, Ernst Lemmer, refugee minister in the West German government, reported.

West Berlin refugee officials said 813 physicians out of a total of 13,400—17 out of 100—fled from East Germany the first eight months of this year.

Prof. Alfred Lemnitz, dean of college for economy and planning in East Berlin, assailed bureaucratic administration in the party newspaper *Neues Deutschland*.

He said the state secretariat "choked the initiative of scientists with a flood of orders and regulations." Prof. Lemnitz criticized orders requiring young scientists to learn the Russian language within two years, study Marxism for three years, and do manual work two months a year.

The exodus of physicians, dentists, and pharmacists prompted the Politburo of the Communist party to announce that the private practices of doctors, dentists and pharmacists will not hereafter be touched by the state.

The pressure on physicians, which led to the exodus, was coupled to such restrictions as refusal of permits to visit conventions in western countries and difficulties in getting their children into secondary schools and universities, where entrance was based on party membership.

Meantime the Russians may be asked to send in doctors to help care for the 17 million Germans in the East Zone, which is under Soviet domination.

2 Doctors Honored By Medical Writers

Dr. Charles W. Mayo, Rochester, Minn., and Dr. Theodore R. Van Dellen, Chicago, were honored by the American Medical Writers' Association at its annual meeting in Chicago.

Dr. Mayo, son of the founders of Mayo Clinic, was presented with the 1958 Honor Award, given to "non-members of the association who have made distinguished contributions in writing, editing, publishing, or other means of communication in medicine or allied sciences."

Dr. Van Dellen, Chicago Tribune health editor and assistant dean at Northwestern University School of Medicine, was given the 1958 Distinguished Service Award.

Four medical journals were honored at the one-day meeting attended by 300 persons. Recipients of the 1958 Honor Awards for Distinguished Service in Medical Journalism were:

Cleveland (Ohio) Clinic Quarterly, Harper Hospital (Detroit) Bulletin, Bulletin of the Fulton County (Ga.) Medical Society, and The Medical Record, published by Berks County Medical Society, Reading, Pa.

Student Nurses Aid Hungarian Refugee

A Hungarian refugee received a three-year supply of clothing when she was elected "Queen for a Day" by 800 fellow student nurses attending an NBC-TV show in Los Angeles.

The Los Angeles County Medical Assn. assisted the Queen for a Day staff in planning the program for Maria Nagy, who is enrolled at the California Hospital School of Nursing.

Coming Next Issue

- Doctors have a lot to read, and they can do it even faster.
- Success in group practice often depends on personalities.
- Hunting Hot spots over the nation.

Nursing Home Loans Supported by AMA

AMA will support federal legislation which will provide low interest rate FHA-type loans for construction and renovation of nursing homes, Dr. F. J. L. Blasingame, AMA executive vice president, told American Nursing Home Assn. convention.

Qualified nursing homes serve as a shelter furnishing simple care for the ill, as a substitute hospital providing low-cost care, as a retreat offering custodial care of the infirm and senile aged, and as a "last resort" home for people for whom no one else will care, said Dr. Blasingame.

Dr. Dwight H. Murray, AMA past president, acted as moderator of a panel at the meeting.

Laboratory Studies Anti-Radiation Drug

Research which eventually may produce a specific drug for radiation sickness is being carried out at Argonne Nat'l Laboratory, Lemont, Ill.

Scientists report an unidentified substance in protoplasm of a one-celled amoeba was able to save 96% of identical one-celled microorganisms which were exposed to lethal doses of fission neutrons.

Talk about taking your own advice . . . Rhode and I took a jaunt to Mexico while The Saxy was being enlarged. We were properly thrilled with the scenery, the history, the quaintness; we were duly impressed by the magnificent new buildings around Mexico City; we enjoyed the leisure and informality of Acapulco, and took careful note of the modern hotels there.

But I've got news for you: There's still only one Miami Beach. Without wishing to offend any of our good neighbors, from the Rio Grande to the Rio Plaza (and points south) everything they are doing was inspired by what was done in Miami Beach . . . and most of that was inspired by The Saxy!

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NOVEMBER FOURTEENTH

The Saxy again will set a pattern for tomorrow's resort hotel dreams. For busy doctors . . . who can't go too far away from their responsibilities . . . I paraphrase the well-worn joke: Miami Beach not only has everything that any other resort area has . . . but has it here . . . within a few hours of your need for a relaxing holiday. Verbum sap.

George D. Sax

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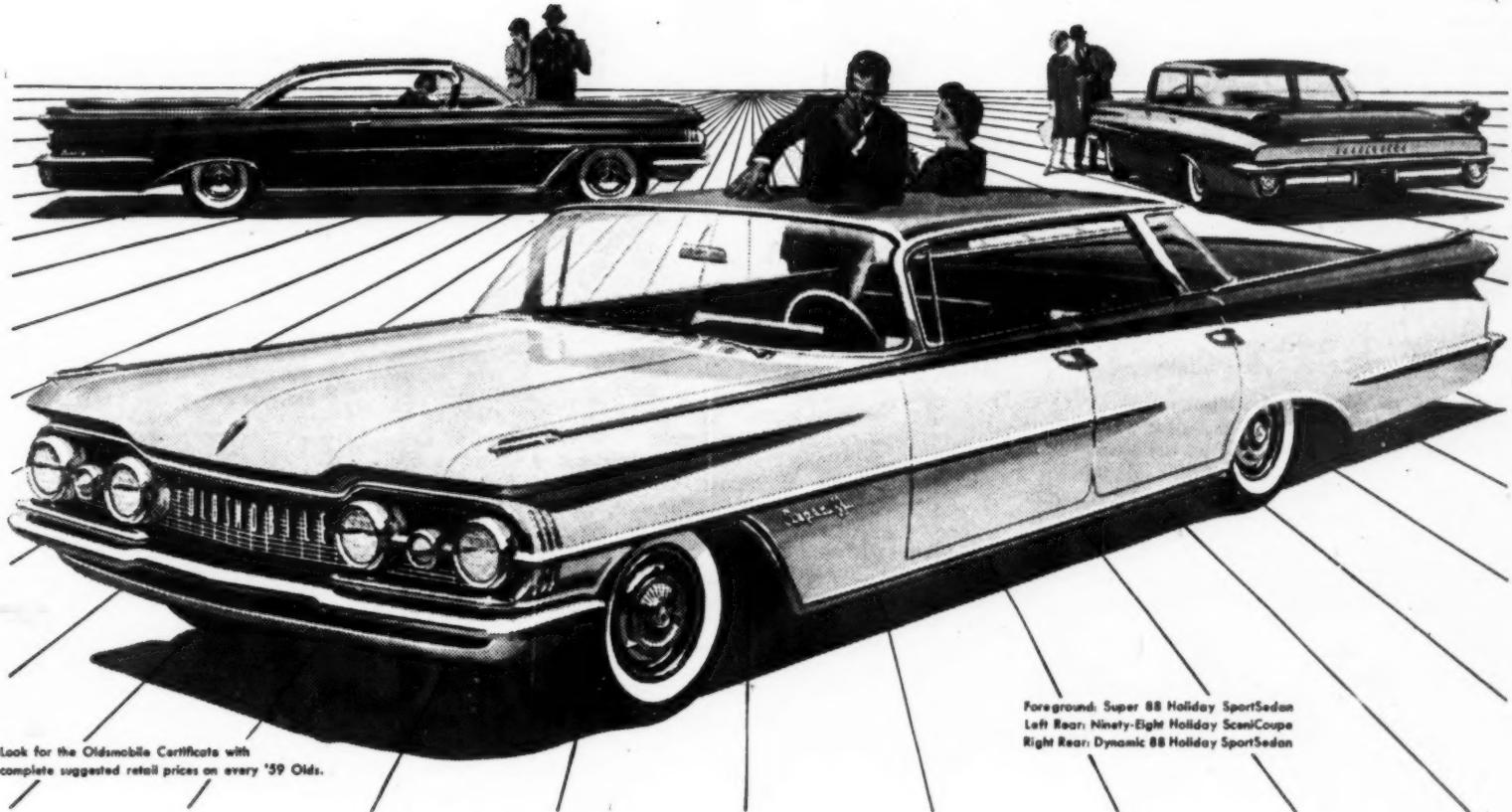
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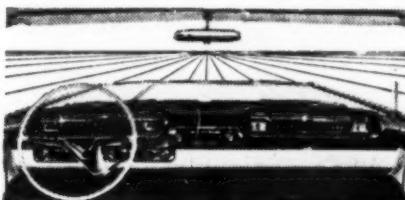
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THE AMA NEWS

The Newspaper of American Medicine

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OCTOBER 6, 1958 • VOLUME 1 • NUMBER 2
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Editorial Viewpoint

Problems Of The Aged

The number of persons in the U.S. aged 65 or over increases about 2,000 a day. We are living longer than did our ancestors, and our descendants will live longer still. The proportion of the elderly to the total population rises steadily.

Medicine and its related fields largely are responsible for this expanding longevity. For example, American medicine has made tremendous strides in surgical treatment of elderly people. Patients aged 80 to 90 and even beyond are undergoing surgery as a routine matter today—something virtually unheard of a generation ago. And the mortality rate is low.

There have been a host of other medical advances that also have played a part in providing longer life for Americans.

But the increased number of the aged has brought complex problems. There is need for more skilled personnel and facilities for treating older people, an extension of effective methods of financing their health care, an amplification of medical and socio-economic research regarding their problems, and cooperation in senior citizen community programs.

The American Medical Association has given top priority to the task of creating better care for the aged. At a planning conference on problems for the aged and aging called by the AMA last month in Chicago, there was every indication that medicine would offer the leadership so badly needed in this area.

The problem presents an urgent challenge to all members of the profession.

Code Is Forward Step

With the growing inter-relationship of medicine and law, it is inevitable that physicians and attorneys will be drawn into steadily increasing association. That is one reason the new interprofessional code for doctors and lawyers is such a forward step.

It is designed to improve the practical working relationships of the two professions.

The code was formulated, after a year of study, by a joint national medicolegal liaison committee made up of representatives of the American Bar Assn. and the American Medical Association. Besides drawing up the code, the committee also considered the encouragement of state and local medicolegal meetings, medical professional liability problems, and the possibility of establishing medicolegal courses in law schools and medical schools.

The code is not a set of laws, but rather suggested rules of conduct for doctors and lawyers, subject, of course, to the principles of medical and legal ethics and the rules of law prescribed for their individual conduct.

Approved by the House of Delegates of both the ABA and AMA, the code is written in general terms to permit its adaptation in the light of local conditions.

Some 25 state and county bar and medical associations already have a code of inter-relationship. It is hoped that others will adopt one patterned after the national code.

If this is done it is bound to promote the public welfare and facilitate the administration of justice.

Quotes in the NEWS

Hendrik Van Loon, historian: "Nothing is ever accomplished by a committee unless it consists of three members, one of whom happens to be sick and another absent."

Louis M. Pesce, New York film censor: "The adult public needs protection one way or the other."



As Others See It

Referral Services

Chicago Daily News

Hardly a month goes by that some crook does not seek to further his crookedness by posing as a policeman, or even as a deputy coroner. Since all the majesty of the law can't forestall this, it seems to us that Coroner McCarron (Cook County, Ill.) was unduly critical of the medical profession in suggesting that physicians ought to find ways to prevent anybody from pretending to be one of them.

The case of the bogus doctor, Peter J. Frank, has emphasized the gravity of this problem and created ways to lock the stable. . . .

It should be obvious nothing can prevent some ignorant or demented screwball from deciding to pose as a physician. . . .

The derelictions in this case were individual. Foremost, in our opinion, was the casual and careless attitude of the physicians' referral services which listed and gave people the name of the bogus doctor. The public had every right to assume that a physician so recommended would be a reputable and competent man.

Such referral services ought to be held to high standards of accountability. This might be done by requiring a state license, revocable upon evidence of slipshod operation. It might be done by a professional blacklist, whereby reputable physicians refused to list themselves with an agency that did not check its lists regularly with the files of licensed doctors.

The state licensing bureau itself needs to be jacked up and infused with a greater sense of responsibility, as indicated by a second case of alleged medical practice by a phony. . . .

Frank won sympathy of two physicians who recommended him to the referral agency. Unfortunately, there is no way to prevent individuals being imposed upon by a faker.

The lesson surely will not be lost upon any doctor who reads the newspapers. . . .

● Nothing Serious

- A throat specialist, conducting a meeting in Philadelphia, concluded by announcing, "Time has come to adjourn. All those in favor, say 'ah.'"

- Someone observed few players get hurt in the World Series, but all of them have close shaves.

- A plunging neckline is something you can approve of and look down on at the same time.

- The new '59 model automobiles come in a wide combination of colors. However, black and blue is reserved for pedestrians.

- You can tell a man's condition by what he takes two of at a time—stairs or pills.

- An actor has given this definition of a waste of natural resources: Marilyn Monroe on a radio show.

As I See It

This is an era when the dignity of man is threatened by vast changes resulting from social and economic revolution, glorification of the state dwarfing the individual on most of the world's surface, and signs of inroads of this philosophy in our own bulwark of democracy. Medicine is an integral part of this changing panorama and must change to remain abreast of the times.

Alone and for so long, medicine has resisted while suffering much criticism, regulations that would lead to its socialization. But recently we have acquired allies. Perhaps time will bring even more general recognition of our purpose. But we must continue to deserve allies.

Medicine can best serve its cause in the area of interpersonal relations between a patient and his physician. In a materialistic world this is idealistic thinking. But which philosophy is ultimately greater?

It is in this area that the standards of propriety (rather than laws) by the AMA apply. The recognition by physicians of the need to respect fully the dignity of man, to merit confidence, render devoted service, improve skills, safeguard the public welfare is, of course basic in the practice of medicine and easily learned.

To be honorable about our limitations, well trained in the art and science of medicine, considerate of the feelings and economy of the patient and truly interested in his welfare leads to self respect and confidence.

This is contagious and the patient who is convinced of our desire to offer him comprehensive help will react with a sense of security and cooperation to our efforts.

Respect for our profession comes from respect for us as individuals and from this comes the power needed by medicine to plan its future. Only when a reverse situation prevails will the laity shop for medical bargains.

The public becomes interested in socialized medicine if that is what they are getting anyway. Thus the practice of medicine is reduced to a business or trade leaving it justly prey to governmental scrutiny and regulation.

Let's make no mistake about it, the future of medicine will be determined by the will of the people. Each of us is a representative of medicine and each patient is a representative of the people. Therefore, in addition to existing strong socio-economic forces beyond individual control, it is at the level of the patient-doctor relationship that each physician can exert his greatest influence in our future.

Nelson Zivitz, M.D., President
Dade County Medical Association
Miami Beach, Fla.

The AMA News is published every-other-Monday by the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Telephone: Whitehall 4-1500.

While The AMA News is published by the American Medical Association, the Association does not necessarily endorse all of the material appearing in The News.

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Circulation

Circulation Manager: Robert A. Enlow

The yearly subscription rate of The AMA News is: U. S. and Possessions \$3.00; Canada \$3.50; Other Foreign Countries \$5.00; Single Copy 15¢. Application for mailing made September 22, 1958, at the Post Office at Waterloo, Wisconsin, under the Act of March 3, 1879. Printed in U.S.A.
CHANGE OF ADDRESS: Please notify publisher at least six weeks in advance, including both old and new address, and a mailing label taken from the most recent copy. Include your new postal zone number, if you live in a zoned city.

Please address all communications and subscription orders to: The AMA News, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

FT. WORTH'S

DR. JOHN B. CUMMINS

100 YEARS OLD NOV. 7, 1958

BELIEVED TO BE THE
OLDEST PRACTICING PHYSICIAN
IN THE UNITED STATES

STILL DELIVERS BABIES -
SOME OF THE FIRST HAVE
COLLEGE-AGE
GRANDCHILDREN

MY GRANDPA
THANKS YOU - MY
PA THANKS YOU -
AND I THANK YOU!

ONCE HE
SWAM A RIVER
TO CARE
FOR A
PATIENT
WHEN
THE HORSE
COULDN'T CROSS

Men In Medicine

'Go... Go... Keep Going'

Bent, but determinedly active, Dr. John B. Cummins of Fort Worth, Tex., on Nov. 7 will observe his 100th birthday anniversary.

As a candidate for the nation's oldest practicing physician he has no challengers in AMA records.

He once expressed his philosophy as: "Go if you feel like it, go if you don't feel like it, but keep going."

Dr. Cummins has kept going through 60 years of medical practice and still maintains daily office hours—usually 7 a.m. to 7 p.m.—seven days a week on the third floor of a downtown office building.

No Walking Stick: Though he leaves his beloved Model T in the garage because his eyes are "not what they used to be," the aged physician uses "no wig, no eye glasses, no hearing aid, no walking stick and no artificial teeth."

He still mixes some of his medicine in his office, cluttered with the evidence of his long practice. While his office is missing some of the quick efficiency of his younger colleagues, Dr. Cummins studies the latest advances in medicine to keep up with them.

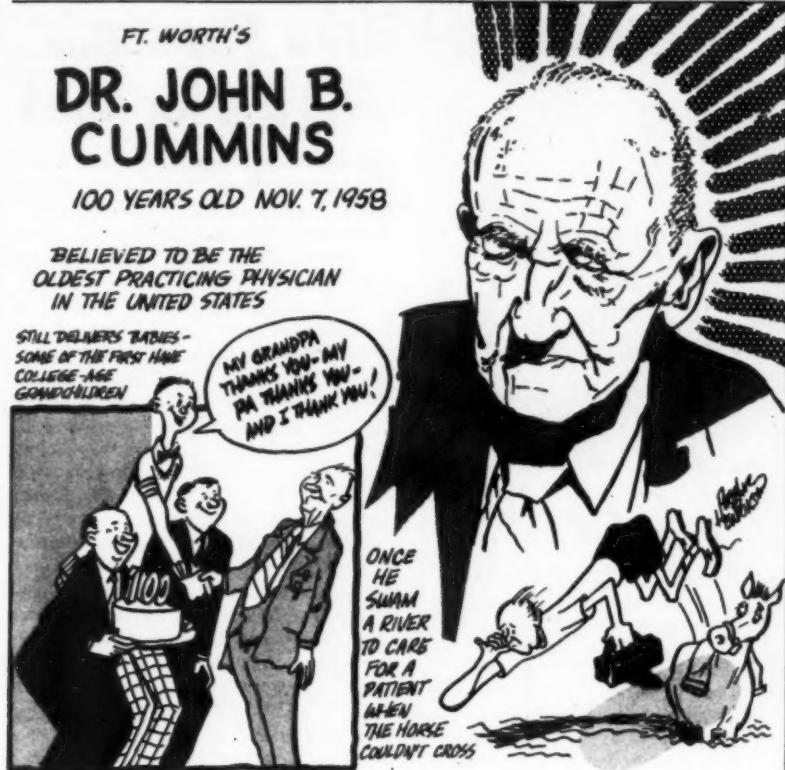
Busily evading retirement—an evil thing which hastens death—Dr. Cummins still delivers babies and answers house calls. Some of his first babies now have college-aged grandchildren.

The weather is never too bad or the hour too late to answer a call, Dr. Cummins says.

No Television: He's been a widower since the 'flu epidemic of 1917. The couple had no children and the doctor lives alone in his house. There is no radio or television because Dr. Cummins doesn't like either.

He holds two medical degrees, from the University of Nashville and the University of the South, both in Tennessee. He taught school to earn his degrees. He moved to Texas with his bride in 1903.

Model T Valued: Once, he swam a river to care for a patient, when his horse couldn't get across. Since those days Dr. Cummins has owned "a half dozen of T models" and he "wouldn't



U.S. Medical Schools Plan \$1.6 Billion in Construction

University of Florida will open its \$9.5 million teaching hospital Oct. 20 at Gainesville and University of Michigan this fall opened its \$8.5 million new Medical Science and School of Nursing building at Ann Arbor.

They are among the latest structures added to medical teaching facilities in the U.S.—part of a \$1,650,000,000 construction and equipment program.

During the past academic year work started on facilities which will cost an estimated \$75 million to construct and equip. Little of this was completed during that time, reported Dr. Walter S. Wiggins, associate secretary of AMA's Council on Medical Education and Hospitals.

In that same time approximately \$90 million was committed for future construction and equipment for medical schools.

The year from July 1, 1957 to June 30, 1958, saw another \$40 million of buildings constructed, equipped and opened to use. Major projects included (costs include construction and equipment):

University of Indiana, Indianapolis, basic science building, \$9 million, married student housing, \$1.5 million; State University of New York, Syracuse, teaching building, \$6.5 million; University of California, San Francisco, classrooms, \$5 million; Howard University, Washington, D.C., basic science building, \$4.6 million.

Duke University, Durham, N.C., out-patient clinic, \$4.5 million; Albert Einstein College of Medicine, New

York, student dormitory, \$1.5 million; University of Buffalo, Buffalo, research building, \$1.5 million; New York University, New York, teaching and assembly building, \$1.3 million.

M.D. Credentials Easily Checked

A call or letter to AMA headquarters should answer any questions about the credentials of a physician.

The ability to check with AMA was emphasized following the exposure of a fake doctor in Chicago.

Anyone calling AMA will be given the kind of information which is reported in the American Medical Directory. If indicated, the request will be referred to the Bureau of Investigation for additional information.

Robert A. Enlow, manager of the Circulation and Records Dept., said there will be occasional instances where reports of licensing examinations will not have been received yet by AMA, and of residents who have not yet completed their training and who must be checked through hospital administrators.

Ohio Names Scholar

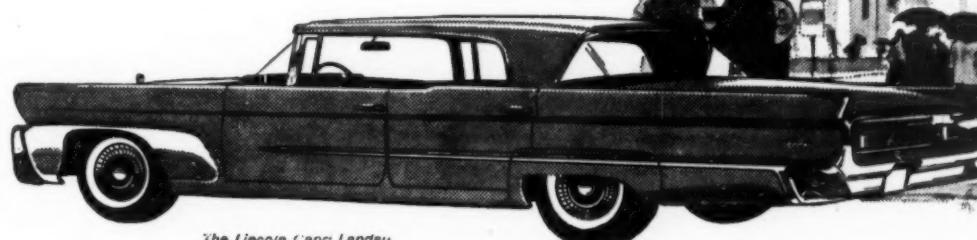
The 10th Ohio State Medical Assn. rural medical scholarship has been awarded Glenn D. Hisrich, Stone Creek. He will use the \$2,000 to help finance education at Ohio State University College of Medicine.

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LINCOLN DIVISION, FORD MOTOR COMPANY

Scanning the News

No Letup Seen in M.D.'s Mail Load

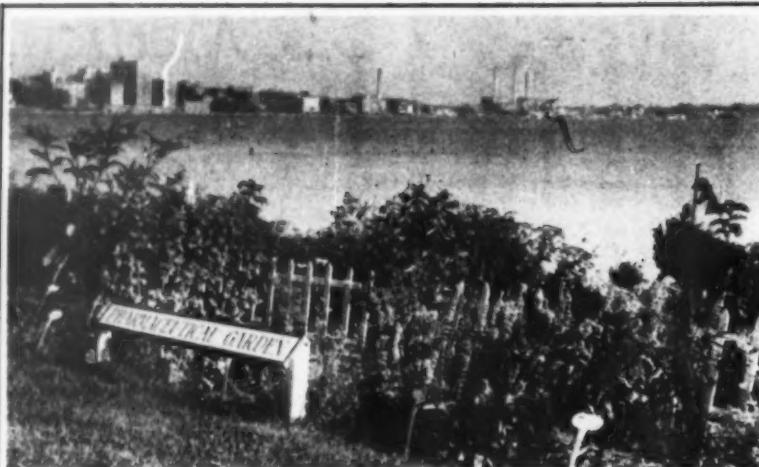
The doctor's morning mail pile isn't likely to shrink drastically despite increased postal rates. To offset rate boost, the \$1.5 billion-a-year direct mail industry will push more than one item at a time, back ads on outside of envelopes, eliminate business reply envelopes. Latest survey shows quantity of mail reaching average doctor is 4,901 pieces a year. Mailings from pharmaceutical manufacturers account for 89.9%.

NAMES IN NEWS: Dr. Jonas E. Salk, developer of antipolio vaccine, has been granted \$262,000 by National Foundation to continue his cancer studies. Dr. Salk is trying to find a link between tissue culture cells and human cancer cells. . . . Eli Lilly, board chairman of Eli Lilly & Co., will receive the 1958 Remington Medal Dec. 10. . . . Dr. Sara Jordan, Boston, who at 73 serves on staffs of three hospitals, this month begins a six-day-a-week medical column for national syndication, thus joining some 20 other M.D.s who write medical columns for newspapers. . . . Bill Hetherington, executive publisher of AMA's Today's Health magazine, has accepted a position with Reader's Digest.

HEART ILLS: Half of present U.S. population will die of heart and kidney diseases related to cardiovascular system unless researchers find new treatments and cures for nation's No. 1 killer, says American Heart Assn. AHA estimates every man, woman, and child today has a 2-to-1 chance of dying from heart disease. . . . Americans own more TV sets than bathtubs. An industry survey showed that 42 million homes—84% of the total—have one or more TV sets. Estimated number of bathtubs: 41 million. . . . Deadline for nominating candidates for nation's 10 outstanding young men (under 36) is Oct. 15. Send nominations to: Robert V. Cox, president, U.S. Junior Chamber of Commerce, Tulsa, Okla. Five of top 10 young men in '58 were physicians.

BED PATIENTS: U. S. National Health Survey estimates average American was sick in bed total of 5.5 days in '57. . . . Ten times every second someone enters a drug store in this country to have a prescription filled. Incidentally, this is National Pharmacy Week (Oct. 5-11). . . . In India, more than 1,000 physicians fly their own planes to visit patients. . . . Philadelphia Board of Education has made specially molded latex mouth guards standard equipment for all high school footballers. . . . Alicia Patterson, Garden City, L.I., editor back from tour of USSR, reports 60% of Russia's doctors are women.

FOOT THE BILL: Chiropodists report that pointed toes, the ultra-new look in women's shoes, have brought a business boom to their profession. Dr. B. L. Anderson, Fairview Park, Ohio, described fashionable pointed pumps as "physiologically precarious." . . . Careers in medicine are the most popular among students in the Latin-American republic of Colombia. . . . U.S. population growth for year ending July 1 was up 1.68% compared with an annual average of 1.7% in recent years.



Pharmaceutical Garden

Visitors to the headquarters of the State Medical Society of Wisconsin at Madison enjoy a unique pharmaceutical garden.

Nineteen examples of "medical flora" are in the garden, between the society's office and Lake Monona.

Society members and others at the building have been impressed with the garden, reports Jack Burke, executive assistant.

They see growing belladonna, borage, cockscomb, digitalis, dwarf southernwood, English thyme, germander, horsemint, horehound, hyssop, licorice, oriental garlic, rue, pokeberry, saffron, sweet basil, sweet marjoram, spearmint and wormwood.

Most of the seeds and plants were supplied by Colonel Olson, a horticulture professor at the University of Wisconsin. Mrs. Colonel Olson is employed at the headquarters.

This was the second year for the garden. Last year's included catnip, yellow dock, sweet mint, milkweed, stramonium and five finger.

Here's What Doctors Do With Their Drug Samples

Nineteen per cent of drug samples given patients by physicians were accompanied by a prescription for the drug, a survey made for AMA revealed.

Taylor, Harkins & Lea, Inc., medical marketing research firm that made the study, called this figure—which represents drug sales—"surprisingly high."

The survey was made to determine how effective the samples are as a means of advertising. The companies spend between \$40 and \$50 million yearly on samples.

Samples as Starters: Samples are usually given as "starter" doses. There appears to be a tendency, says the report, among physicians to refrain from giving large amounts of a sample to a patient.

Samples left by detailmen get more attention than those sent by mail. Twenty per cent of mailed samples got discarded compared to 5% of those left by detailmen.

Questioned for the survey were 155 physicians who received 2,267 samples in five days. The samples included 514 products from 109 separate companies.

Among the MDs were pediatricians, surgeons, obstetrician-gynecologists, internists and general practitioners.

Patients Get Samples: More than three-fourths (77%) of the samples received by the doctors were kept for patients.

Old established products dispensed as samples included hypotensives, diuretics, antacids, sedatives, bile salts compounds, thyroid preparations and antiobesity drugs.

More new samples were received, and used, of skeletal muscle relaxants and broad spectrum antibiotics. Twenty-two per cent of all antihistamines given patients were samples

Where They Go

Here's what happened to drug samples sent physicians:

- 77% kept for patients.
- 15% discarded.
- 8% kept for someone.
- Almost ½ of all samples, and more than ½ of those discarded, hit wastebasket, went down the drain or were burned.
- 30% of those discarded were given to hospitals, missions and other charities.
- 27% given to save the patient money.
- 45% of MDs kept all samples; 14% MDs discarded all or most samples.
- 44% of MDs would be "disturbed" if they stopped getting samples.

and of these 44% were of new drugs.

Reactions Tested: Physician interviews showed the importance of the samples in testing patient reaction to the drugs.

Over seven-tenths of the physicians said that they "sometimes put a patient on a sample to see how he reacts to the drug." They did this most often for allergies, functional GI disorder infections, nausea, headache and neurosis, and most often tried out tranquilizers and anti-obesity preparations in this way.

GPs and internists seem better bets for sample use of new products than pediatricians, OB/Gs and surgeons.

Surgeons use more analgesic samples and receive fewer samples of analgesics than the other three specialties, said the report.

Fifty-seven per cent of the MDs felt examining samples was a chore while 29% regarded it as fun.

Utica Physicians Find Aid for Aged

Malnutrition clearly was the cause of trouble of the elderly man sitting in the Utica, N.Y., doctor's office. Just as clear was the fact that lack of money to buy food was to blame for the malnutrition.

Another Utica physician had an elderly woman patient recovering from a broken arm. She was ready to return home but still could not cook or do her housework.

Utica physicians, who once had to face these situations the best they could, now can call upon the resources of the entire community, thanks to the Medical Society of the County of Oneida and the Greater Utica Community Chest and Planning Council.

Help Available: Each Utica physician now has at his desk a list of agencies ready to help him and his patient in almost any circumstance. The list describes the kind of help available from each agency, where it's located and how to contact it.

Fields covered include nursing and convalescent homes, family service, homes and housing, home services, finances, employment, recreation, mental health, education (Utica College offers day and night courses free to persons over 65), traveler's service, legal service and rehabilitation.

Now the physician knows where to get money for the elderly man to buy food to eat, and where to get someone to help the woman with the broken arm, says Dr. Joseph J. Witt, Utica.

Good Medicine: Dr. Witt, chairman of the subcommittee on geriatrics of the Medical Society of the State of New York, was largely responsible for beginning the compilation of the data to help aged persons in Utica. The actual work was done by The Community Chest staff.

Response from both physicians and the community's agencies has been enthusiastic, reports Dr. Witt.

"It's practicing good medicine," he adds. Treating the aged person goes beyond the office call or the immediate treatment of disease, the doctor believes.

Films Available Through AMA

Films in the AMA Motion Picture Library are available to medical societies, auxiliaries, hospitals and other scientific groups on a service charge basis. Requests should be made as far in advance as possible, and immediate return is necessary. Do not send money with your order. Address: Motion Picture Library, American Medical Association, 535 N. Dearborn Street, Chicago 10.

A partial list of the 176 films follows:

For Professional Audiences
Ectopia Cordis in a Twin (AMA No. 24); color, sound, 8 minutes, 1957, \$1.00.
Fractures About The Knee (AMA No. 161); color, sound, 24 minutes, 1955, \$3.00.
Fractures of the Shaft of the Femur (AMA No. 162); color, sound, 20 minutes, 1956, \$3.00.

Hemorrhoids or Piles and the Early Detection of Rectal Cancer (AMA No. 165); color, sound, 24 minutes, 1957, \$1.00.
Intracranial Aneurysms (AMA No. 42); color, sound, 44 minutes, 1956, \$3.00.

For Lay Audiences
Coronary Heart Disease (AMA No. 9); color, sound, 6 minutes, 1957, \$1.00.
High Blood Pressure (AMA No. 10); color, sound, 6 minutes, 1957, \$1.00.
Strokes (AMA No. 11); color, sound, 5 minutes, 1957, \$1.00.

Stereophonic Makes a Big Sound

This year's big sound is stereophonic.

But the music lover who has just bought a high fidelity set need not despair of keeping up.

Your hi-fi set can be converted to stereo for as little as \$69.95.

This is the first year for stereo records. All of the big companies are coming out with stereo libraries—at an additional \$1 per record.

Costs Vary: As a result, some manufacturers expect more than half of their business to be in stereo.

You can buy a complete stereo system for as little as \$149.50. That won't include an AM-FM tuner.

Or, you can spend \$2,000 or more for the finest in stereo. As much as \$1,884 of that can go for a fabulous stereo speaker.

The average spent is \$250-\$300. A really good system can be bought for \$500-600.

For those who haven't heard, here's a non-scientific explanation of the difference between hi-fi and stereo:

Ordinary high fidelity—the microphone combines all of the sounds from the musical performance into a single sound channel on the record.

Stereophonic high fidelity—Two mikes are used to gather the music. The different sounds picked up by each of the mikes are never combined, but are individually fed into separate preamplifiers and recorded on separate portions of the record's groove. In playback, they're fed through separate amplifiers and speakers. Each mike's sounds are kept isolated from each other from the concert hall to your living room.

One description of the stereo sound from your speakers: It has direction, depth and is enriched by the acoustics of the place of performance.

Industry spokesmen discuss these drawbacks to consider before buying stereo:

- Advantages may not offset price for those who like soft, background music. Stereo demands attention.

- Some housewives complain about rearranging furniture. Speakers, for

Best Buys in Hi-Fi, Stereo



Here are tips for best buys in basic hi-fi. For stereo, double everything but the record player:

RECORD PLAYER—If you've got both LP and 78s, one of the moderately priced 4-speed changers. Real hi-fiers pick a manual turntable for extreme quiet, excellent speed regulation, longer record wear. In any case, buy a stereo cartridge with sapphire or, preferably, diamond stylus.

AMPLIFIER—10 to 20 watts of power; volume, bass, treble, function selector controls, response, minimum 20 to 20,000 cycles; distortion, 3% or less. Stereo amplifiers come built into single chassis.

SPEAKER—Good, wide-range 12-inch or 15-inch. Later this can be used as the woofer in a 2, 3 or 4-way speaker system.

SPEAKER ENCLOSURE—Save by building your own from a kit. Corner cabinets are ideal, assure excellent dispersion of sound, extend bass response by one octave.

example, should be 6 to 10 feet apart.

- Many works never will be available on stereo records.

- Not all the bugs have been worked out. Some say a good LP still is better.

To convert a hi-fi set to stereo you need an additional amplifier, another speaker and a stereo cartridge on your player.

It's not necessary to duplicate an expensive speaker system. You can add an inexpensive speaker and get stereo sound.

Your new amplifier should be about the same quality as the old one.

Sold by Mail: A ceramic stereo cartridge will work on any player and is recommended for the ordinary phonograph. The stereo cartridge will play your old records, too.

If you're not near a retail hi-fi store, it's safe enough to order hi-fi or stereo by mail. Many companies publish catalogs and the best buys are their matched systems.

Oregon Opens Drive

A state-wide campaign against the illegal practice of medicine has been launched by the Oregon State Medical Society. The society will investigate phony medical devices and treatment, report incidents to proper authorities.

Tweeds Return

Dark Colors Hang On

Fall Fashion: What will the well-dressed doctor wear this Autumn? For the physician who prefers conservative clothes, there will be little change in cut or cloth. Dark colors are in vogue again—in blues, browns, grays. More charcoal suits will be worn this year than last. Three-button coats with narrow lapels are featured again. Tweeds and plaids, once not acceptable, now are considered fashionable. Trend is to lighter weight, more comfortable clothing.

* * *

European Look: Concensus of master tailors attending the international men's fashion show in Cologne, Germany, was that the up-to-date European male would wear a brown suit slightly flared at the hip. But every collection shown included a staid looking double-breasted suit. American fashion experts do not foresee a return of the double-breasted suit. Their reason: Double-breasted suits must be worn buttoned, and they're too uncomfortable in this motoring age.

* * *

Insured Clothing: A nationally-known mail order house is introducing, for the first time in the clothing industry, new lines of men's clothing that will be insured for two years against loss by fire or theft with guarantee of replacement.

* * *

Coming Soon: Stain resistant wools and leather. Dirt and dust will come off fast. Blot off oil and water stains. . . . New fabrics have been added to wash-wear shirts this season. Among them is oxford in miniature checks and muted stripes. Tab collar, which proved popular a quarter-century ago when borrowed from England, is staging a comeback.



"Stick to your carrots and lettuce and hop in to see me next month."



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A Special Report

British in 'No Mood for Jubilation'

On the 10th anniversary of the National Health Service, British medical groups are joining forces to take a cold, hard look at their program of socialized medicine.

Though many people in Britain apparently are satisfied with the health program, the vital cog in the operation—the doctors—are discontented and worried.

According to the British Medical Association, "a committee widely representative of the whole profession" will set out to discover what can be done in order that doctors may work "more happily and efficiently than they do at present."

No Jubilation: An editorial in the *British Medical Journal* (July 5) observed that the end of the first decade of NHS "finds the profession in no mood for jubilation."

Referring to one of eight articles in a special supplement on 10 years of NHS, the editorial said:

"He (the doctor) casts an envious glance at Australia, where, as Dr. Donald R. Winton puts it in his article in the supplement, 'the view has prevailed that the benevolent but bureaucratic grandfather who presides over the Welfare State is not for us. Various social services provide for those with genuine needs, but a premium is still put on self-reliance and independence of spirit.'

The editorial noted that NHS has opened up complete medical care "especially for those of moderate means," and that there has been a better distribution of consultants and a general increase of hospital facilities.

"But," the editorial continued, "many of the benefits laid at the door of the NHS more properly could be credited to the advances of modern medicine."

The Lancet, which praised the accomplishments of NHS, observed in its July 5 editorial:

"But, after only 10 years' experience, any jubilation must be at best provisional for the initial gains . . . would be bought too dearly if the cost were an eventual decline in the spirits of the people whose work is organized."

Apprehension: What are the complaints and apprehensions of the medical profession?

The following statements were obtained from British newspaper reports on a debate in the House of Lords, July 2.

Lord Nathan, chairman of Westminster Hospital, said the "Minister of Health is to be congratulated" because of the 30% increase in the medical-dental staff and the upping of outpatient treatments in teaching

Dentists' Opinion

How do dentists like the National Health Service?

Dr. W. R. Tattersall, new president of the British Dental Association, said in his recent inaugural address:

" . . . it is disappointing to note that, after 10 years of the National Health Service, those dentists who participate in it are not more satisfied with their lot than are their brother practitioners, the doctors."

Cost of Socialized Medicine

Gross Costs (in millions of pounds)	1949-50 (Actual)	1951-52 (Actual)	1958-59 (Estimates)
General Medical Services	47.0	47.5	72.2
Pharmaceutical	35.3	50.8	74.3
Dental	48.2	37.6	50.6
Ophthalmic	24.1	11.7	17.0
Hospital	219.4	267.5	421.1
Other Expenditures	61.1	69.6	101.5
TOTAL EXPENDITURES (Gross)	435.1	484.7	736.7
TOTAL GROSS EXPENDITURE PER PERSON (pounds)	9.0	9.9	14.6
HOW THE COST IS MET (in millions of pounds)			
Patients' Payments	4.0	8.5	34.4
Superannuation and Other Deductions	30.9	26.6	35.8
National Insurance Contribution	40.0	41.1	105.0
Rates	15.4	18.6	30.8
NET COST TO TAXPAYERS	344.8	389.9	530.7

hospitals from 7.5 million in 1948 to 9.5 million in 1956.

However, he warned that without adequate remunerations and opportunities for research, young doctors might not be able to resist "temptations from the other side of the Atlantic."

Lord Evans, the queen's physician, said the standard of medicine depended on the quality of teaching hospitals and that NHS has done little to keep them going.

Lord Moran, Sir Winston Churchill's doctor, declared that he was apprehensive about the quality of medical students because two-thirds of them are maintained by the state and are selected without regard to character. This, he said, "can only end in disaster."

Lord Moran also predicted that doctors now in general practice would soon be forced to join hospital staffs. With consultants readily available, he explained, the GP no longer is able to perform services "which lent flavor and interest to his life before."

Specialists Increase: Replying in the debate, Lord Strathclyde said there had been an increase of 33% in specialists since 1949 and there now was no locality where specialist services were not readily available.

He also praised the volume of work, reporting that in the last eight years there had been a rise of 29% in England and Wales and 43% in Scotland in the number of patients treated.

Lord Uvedale, resident surgeon of the Manor House Hospital, supported Lord Strathclyde. He said whatever were the disadvantages of the new system, the medical register in the last 20 years had risen from 60,000 to 90,000.

In an effort to get views from people outside the medical profession, *The AMA News* consulted three leading British magazines and two newspapers. Here are the results:

The Economist, in a two-part series (June 28, July 5):

"Looking back to the outpatient queues of the old voluntary hospitals and to the general wards of the municipal hospital, anyone will be convinced that big improvements have been secured. Looking at the bypassing and shortcuts that are attained by payment, one sees how much has still to be done."

Medical Costs Rise: In the second part, the magazine observed that "a government cannot reduce sickness

partial review of the past 10 years indicates that the nation has good reason to be proud of its health service."

Although Lord Moran noted that general practitioners would soon have to join hospitals, the editorial saw the GP in a different future role.

Restoration of GP: It declared that the GP must be restored to his "rightful place" as the family doctor, thereby reducing the number of patients referred to hospitals.

Another paradox is that while proponents of NHS proudly cite its 97% enrollment, the editorial recognized that private practice is essential because it "provides a stimulus and flexibility that can do nothing but good . . ."

An article in the supplement reported a "prodigious" increase in demand for private medical care even though these patients must pay their share of taxes and then spend additional sums for fees and drugs. The article stated that "in matters concerning health many value privacy above all else."

Another article reported that membership in associations providing private beds jumped from 84,000 in 1948 to 834,000 in 1958.

The Sunday Express (July 6):

A staff writer, Bernard Harris, wrote that the rapid growth of provident societies provides the clue to reducing the high cost of NHS. He suggested that completely free health service be reserved only for the genuinely needy and for children, while the rest pay higher charges to doctors at the time of service.

Harris said that by paying doctors for each item of service instead of by the number of patients on his list, NHS economy, doctoring and standards of diagnosis would be improved. The article concluded:

"If we let the present machinery grind expensively on we shall face a bill at the end of the next 10 years of 1.4 billion pounds. And 'free' medicine will have brought Britain to the verge of penury."

Physicians Salute U.S. Pharmacists

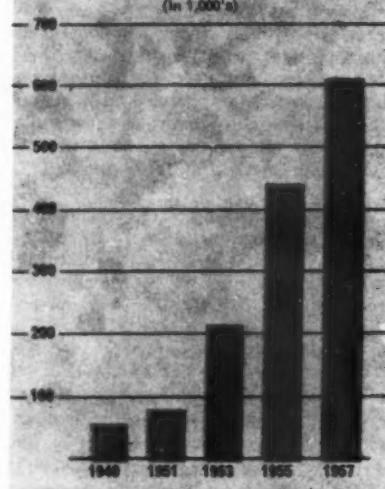
Pharmacists of the nation were saluted this week by Dr. Louis M. Orr, Orlando, Fla., AMA's president-elect, on behalf of the nation's doctors.

"National Pharmacy Week gives us the opportunity to extend recognition for the long hours of work and the millions of prescriptions filled by a hard-working group of professional men who form the vital link between the public and makers of today's drugs," Dr. Orr said.

"Medical science is producing drugs to combat such problems as heart disease, mental illness and arthritis. As these new drugs come out of the laboratories, it will be the nation's pharmacists who will dispense them for the health and well-being of us all."

Surgeons Install

Dr. Henry W. Meyerding of the Mayo Clinic, Rochester, Minn., was installed as president of the International College of Surgeons at Chicago. Dr. Mario Dogliotti, professor of surgery, University of Turino, Italy, president-elect, attended meeting.





On the

Legislative Front

When the Department of Defense is reorganized after the first of the year, the post of Assistant Secretary for Health and Medical Affairs will be retained. Final decision not to abolish this top-level civilian position came after months of discussion and negotiation, involving the White House as well as the Pentagon. The American Medical Association worked strenuously to save the post, both in testimony before Senate and House committees and in appeals to the administration.

Legislative proposals on DOD reorganization called for reduction in number of Assistant Secretaries of Defense, and downgrading of the Assistant Secretary of Defense for Health and Medical Affairs to a special assistant to the secretary.

Last March AMA's Council on National Defense reported to the Board of Trustees that the association should do everything possible to see that the Assistant Secretary of Defense (Health and Medical) position be retained. AMA's decision to actively oppose the abolishment or any downgrading of the position followed. The association urged that the position be continued with a civilian physician.

Present Assistant Secretary is Dr. Frank Berry. He advises the secretary on all medical and health matters within the services, and has been particularly involved in procurement of physicians under doctor draft.

New Look at Research

The Eisenhower administration is taking a new look at problems of financing medical research and education. It might take the lead in these fields, where Congress has been the main force. Explanation for this change, if it comes about, can be found in Bayne-Jones report. This study warns that unless U.S. vastly increases its research efforts, we will fall behind rest of the world. Report also declares: (1) That between 14 and 20 new medical schools will be needed to produce more researchers to maintain present physician-population ratio; (2) That by 1970 U.S. should be spending about \$1 billion a year on medical research alone—three times rate of current spending.

Political Activity

Gulf Oil Corp. has joined growing trend among industry toward more active participation in politics. In a letter to company's workers, shareholders, and dealers, Archie D. Gray, senior vice president, wrote:

"If we are to survive, labor's political power must now be opposed by matching force, and there is no place in the U.S. where such a force can be generated except among corporations that make up American business."

The letter appealed for persons affiliated with Gulf to "become more active participants in politics of the area" where they live.

Gulf will send out reports on views, attendance records, and voting records of congressmen to enable each person to decide "whether his senators and his congressmen are serving him well, little, or not at all."

Letter quoted Rep. Ralph W. Gwinn of New York as saying congressmen have received from labor financial help, free campaign help, and radio, TV and advertising help.

"Business organizations do none of this," the letter quoted Gwinn as saying. "Business as such is unorganized politically and, therefore, impotent. Union leaders get men elected who agree with them and thereby force government into improper activities."

Other firms that have recently announced plans to encourage employees and others to become active in politics include General Electric Co. and Aerojet General Corp.

Keogh Support Asked

American Thrift Assembly, formed for passage of the Keogh legislation, is writing its member associations asking them to obtain commitments from all candidates for Senate and House for support of Keogh bill. The bill, which would authorize deferral of income taxes on money put into pension funds by the self-employed, passed the House last session, but failed to pass Senate.

New Food Rules

Last Congress voted new rules affecting food. Rules say, in effect, that new chemical ingredients must be tested and proved harmless as used, before they are sold to the public. In the past, the burden of safeguarding consumers has rested on Food and Drug Administration, charged with checking foods, stopping sale of those found unsafe. In many instances, this could not be done until the products had been marketed for some time.

Washington Wrapup

Public Health Service is working on model legislation and regulations for nursing homes and homes for the aged, which will serve as a guide to states interested in revising their statutes and rules. . . . PHS also reports that its latest tests for presence of radioactivity in milk from nine locations in U.S. have shown amounts well within the permissible levels recommended by National Committee on Radiation Protection and Measurement. . . . American Legion wants Congress to authorize a minimum of 125,000 beds in VA hospital system. . . . National Science Foundation reminds that deadline for applying for NSF senior post-doctoral and science faculty fellowships is Oct. 15.

Staph Reference Center Set Up

U.S. Public Health Service's Communicable Disease Center at Atlanta has agreed to operate as a national reference center for staphylococcal phage typing.

It will be carrying out one of the recommendations made by participants in the National Conference on Staphylococcal Disease at CDC. Fifty-nine organizations were represented at the meeting called to review staph infections acquired by hospital patients.

Dr. Stuart Mudd, Philadelphia, was AMA's representative at the conference. Dr. Mudd is chairman of AMA's Committee on Research.

Dr. Leroy E. Burney, surgeon general, pledged the USPHS to do everything within its power to put the recommendations into effect. CDC already is preparing diagnostic reagents on a large scale to assist states and communities in rapid identification of epidemics.

The center will make available specially-trained physicians and nurses to help trace the source of epidemics and bring them under control, Dr. Burney said.

Other recommendations for hospitals made at the conference:

1. Organize an infections control committee as has been recommended by AMA, American Hospital Assn., Joint Commission on Accreditation of Hospitals.

2. Keep an "infection log" to determine whether infections are increasing, evaluate effectiveness of measures.

3. Keep from patients all personnel who have boils, staph lesions, or are known to be carriers of dangerous, epidemic strains.

4. Establish criteria on the discriminate use of antibiotics in medical and surgical treatment.

5. Save all cultures from staph infections to identify source of any epidemic.

6. Isolate infectious patients, even if this means expanding isolation facilities. Emphasize home care, instead of hospitalization, for patients with minor illnesses.

7. Take special precautions in nurseries for newborn. Bathe babies immediately after birth with an antiseptic, such as hexachlorophene.

8. Intensive, continuous training programs for professional, subprofessional members of hospital staffs.

9. Strengthen lab services to identify dangerous strains of staphylococcus.



"The man on the radio said to ask you about this cigarette filter."

Question Department Hasn't Been Stumped

Stationery, a four-cent stamp and a few minutes is about all a physician needs to get an answer to any practical medical problem.

By addressing his query to "Questions and Answers," *The Journal of the American Medical Association*, 535 N. Dearborn St., Chicago 10, Ill., the physician may avail himself of the services of 900 nationally known medical experts who currently handle some 2,400 questions a year.

About two-thirds of the letters received are eventually published, but the prime responsibility of the department is to provide a direct service to the inquiring physician.

The free consultant service has been a regular department of JAMA for nearly 60 years. It has never been stumped!

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Dr. J. C. Nunemaker Joins AMA Staff

AMA's work in graduate medical education will be directed by Dr. John C. Nunemaker, director of education service in Veterans Administrations' department of medicine and surgery at Washington, D.C., since 1952.

Dr. Nunemaker joined AMA's staff as associate secretary of the Council on Medical Education and Hospitals.

He was graduated from Harvard University Medical School, was an intern at Peter Bent Brigham Hospital at Harvard, a fellow at Johns Hopkins University and a research associate at the University of Michigan Hospital.

In 1948, following four years service with the Army, he became chief of the medical service at the VA hospital at Salt Lake City and assistant professor of internal medicine at the University of Utah.

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Medicine First But Collections Are Necessary

The doctor's first responsibility is to give the best medical care possible, and to accomplish this many facets of his professional and business life must be considered.

One of the considerations is the collecting of fees which enable him to continue his practice and make the necessary purchases of new equipment as advances in medical technology are made.

Also, studies have shown that a doctor can devote more of his skills and energies to the practice of medicine by establishing better business procedures.

Better Medical Care: The explanation of better business methods yielding better medical care may be illustrated in this way.

A doctor who has a growing tangleweed of uncollected fees and its accompanying personal and business problems may not be able to give his best in making a diagnosis or performing an operation.

But a doctor who is freed of problems in what he may consider the minor and thorny aspects of his life will be able to concentrate more on his primary function—medical care.

An added bonus to the "peace of mind" which comes with orderly collection procedures is better patient relationships.

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On the other hand, the patient with outstanding medical bills who is not gently prodded into paying them may postpone necessary treatment or shift to another doctor because of embarrassment about his financial obligation.



"Please ignore all those wild promises of quick payment I made when I was so sick."

tions. Or, he may justify his non-payment by developing resentment against the doctor.

Actually, poor business practices are often at the bottom of patients' complaints about medical care and medical men.

Four Simple Rules: These four simple rules will help the doctor obtain his fees and keep the confidence and friendship of his patients:

1—Estimate Fees in Advance and Explain Them. Just as he wants to know about the cost of a room redecoration or the price of a new home, the patient wants to know approximately how much the medical service will be. Although physicians have often shied away from fee discussions, more are coming to realize they actually do a patient a service by discussing fees in advance and explaining charges for major medical procedures so that patients can budget for them.

2—Encourage Payment at Time of Visit. Most people are prepared to pay for routine visits before leaving the doctor's office. The doctor or medical secretary should give the patient a clear opportunity to pay at the end of a visit. A "pay-as-you-go" plan can reduce expensive, time-consuming billing.

3—Send Itemized Statements Regularly. Regular billing encourages prompt payment. In fact, conscientious patients appreciate being reminded when they overlook medical bills.

4—Begin a Methodical Follow-up If the Patient Ignores Statements for Three Months. The follow-up can be in the form of a personal note in which an inquiry is made to find out if there is a special reason for non-payment. If there are legitimate reasons for non-payment, adjust collection follow-ups accordingly or offer a partial payment plan suited to his needs.

It is important that the doctor should do his best to collect his fees because it is not fair to honest patients if no attempt is made to collect from non-payers.

However, the doctor should not let mercenary methods taint his profession.

Collection Agencies: A doctor should never turn the account to a collection agency unless he is certain the sum cannot be collected in his office. Where the patient flagrantly ignores bills he apparently can pay, a carefully screened collection agency may be used.

Finally, doctors should not sue for uncollected fees unless the situation clearly warrants this drastic action. The ill will which may be created often offsets the gain. Consult a lawyer as to the chances of collecting in court.

Pay Is Too Low, Colleges Report

A survey of 19 medical colleges has shown that 15 of the administrators believed the salary scale for their teaching staff was inadequate.

At the same time, several medical school deans who were most emphatic about the need for salary increases were opposed to large raises for employees who do not fully meet faculty standards. The deans felt this was one way of eliminating ineffective teachers.

All but one of the deans asserted that a rigid faculty salary schedule is not feasible for a medical college and that "good performance" must be an important consideration in salary determination.

Not Less Than \$500: With tax and retirement deductions so high, most of the administrators believed a salary increase of less than \$500 would do little to improve the teacher's financial position or morale.

The survey, completed in 1957, was made by Augustus J. Carroll, business manager of the Upstate Medical Center, State University of New York, Syracuse.

Originally, the survey was intended to help in the planning and administering of programs at the two medical centers of the State University of New York.

However, the scope of the survey was enlarged and the finished report can serve as a guide for all medical colleges to obtain accurate fiscal information about medical education.

Book Published: Recently published by the Association of American Medical Colleges as a 188-page book entitled *A Study of Medical College Costs*, the survey examines such broad topics as the costs of clinical teaching facilities, medical service plans, and medical college salaries.

The book contains charts, worksheets and a model system of accounting and budgeting which all medical school administrators should find helpful.

One feature of the book is an attempt to standardize the term "medical college costs." The author lists what should be—and what should not be—included in medical college costs.

Lecture Scheduled

Dr. Felix Wroblewski of New York City will deliver the 11th Henry B. Freiburg Lecture at 8:30 p.m., Oct. 21, at the Jewish Hospital & Medical Center, Cincinnati. His subject will be "Biochemical Biopsy Via Body Fluids."

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New Plan Offered By Douglas Aircraft

The new comprehensive hospital-surgical-medical plan of Douglas Aircraft Co., Inc., Santa Monica, Calif., preserves freedom of choice of doctors and hospitals for 75,000 employees and their 115,000 dependents.

Fees are not scheduled. California Medical Assn. relative value schedule will be used as a guide.

"We believe this plan can be an effective deterrent to the trend toward closed panel programs and socialized medicine," said President Donald W. Douglas Jr.

Byron D. Williams, Connecticut General insurance executive, commented: "Insurance plans such as this leave control of medical care where it belongs, in the hands of the individual practicing physician."

GOOD INVESTMENT: Rental housing may be on the verge of its biggest boom since the 1920's. The reason, according to economists in construction industry: For next seven years there will be proportionately fewer families in the 30-to-50 age bracket and more in younger and older groups—more inclined to rent than to buy housing. Rental units have accounted for about 23% of all residential construction this year—almost double 13% ratio in 1956. Select rental property is a desirable investment because it is tangible, a good hedge against inflation, and offers income tax advantages, reports *Ownership* magazine. Deductible expenses include: management fees, taxes on property, ordinary repairs and remodeling, casualty insurance, heat and utilities furnished, traveling expenses to care for the property, legal expenses for leases and collection of rents, advertising for tenants and depreciation.

Mortgage Insurance: Most doctors who own homes have fire insurance, but many do not have mortgage insurance. Yet there's less actual risk of fire than disability. Mortgage insurance, now available from some lending institutions, covers mortgage payments up to five years in case policyholder is disabled. A life insurance provision takes care of house payments for two years if policyholder

dies. Cost: \$4.50 a month for mortgage payment of \$100.

Transportation Bill: Personal transportation bill for average American motorist driving his car 10,000 miles a year will come to \$1,078 in 1958, an American Automobile Assn. survey finds. Biggest item—\$565—is depreciation.

On the Dotted Line: Members of the Business Advisory Council, consisting of heads of about 100 of the nation's largest corporations, told Secretary of Commerce Sinclair Weeks the nation's business recovery appeared to be general, strong and capable of continuing into 1959 . . .

Fringe Benefits: So called "fringe" costs have increased more than 200% in manufacturing industries in last decade, while wages have gone up 67%. "Frings" now cost U.S. business and industry more than \$26 billion annually. Married woman workers now total 13 million, and National Manpower Council forecasts more will be called into labor force. NMC says if all the nation's working wives quit their jobs, the economy would collapse . . . What's new: Electronic thermostat to control proper lighting for offices. Reports indicate it will reduce electricity consumption as much as 80%.

Say That Again!
Today's dollar seems to have been built more for speed than for endurance.

It's surprising how many people have the idea they are worth a lot of money just because they have it.

In this shrinking world almost any nation is within reach of Uncle Sam's pockets.

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Brief Notes on Business

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Diagnosing Investments

What's the Average?

By Carl Holzheimer*

"The market is up." "The market is down." "The market makes a new high."

These comments are not too different from the broad medical comments which would result from a statement that City A is healthier than City B.

How does one measure? What do the terms mean? With about 1500 stocks listed on the New York Exchange, others on the American Exchange, still others on local exchanges and countless hundreds in the unlisted market, a little precision may be helpful.

Most references about "the market" have reference to the Dow-Jones Averages and usually to the Dow-Jones Industrial Average. This Average first appeared in 1885, consisted of 12 railroad stocks and two industrials. Dow-Jones thinks of the present Average as dating from 1897.

Relatively Simple: It has been continuously available through the 20th century and this fact, perhaps more than any other, makes for its universal acceptance.

Its relatively simple mathematics make it possible to compute this Average very quickly. It is usually available at 30-minute intervals through the period of New York Stock Exchange trading and promptly available after the close.

This is not an average of particular stocks that remain unchanged through the entire period. The list changes, some stocks eliminated, others added in order to keep the Average representative of companies that are a cross section of American industry. Most recent change was the substitution of International Paper for Loews in the summer of 1956.

Finding the Divisor: Next, one wonders how 30 stocks ranging in price from approximately \$27 a share to \$198 a share can have an average of 526.83. Something has to happen and in this case the something is the divisor.

In order to arrive at the figure that appears in your newspaper, you could add the closing price of the 30 stocks representing the Dow-Jones Industrial

Dow-Jones Industries

Allied Chemical	International Nickel
American Can	Johns-Manville
American Smelting & Refining	National Distillers
American Tel. & Tel.	National Steel
American Tobacco	Procter & Gamble
Bethlehem Steel	Sears, Roebuck & Co.
Chrysler Corp.	Standard Oil of California
Corn Products	Standard Oil of New Jersey
DuPont	Texas Company
Eastman Kodak	Union Carbide
General Electric	United Aircraft
General Foods	U. S. Steel
General Motors	Westinghouse Electric
Goodyear	Woolworth
International Harvester	
International Paper	

Average and then divide by 4.257, the current divisor.

How does it happen that one divides by 4257 rather than by 30?

It is a question of stock splits and capitalization changes. A few years ago General Motors split its stock three for one. To develop continuity in the Average some mathematical change must adjust for the GM price which should be approximately one-third of the price of the stock the day before. One computes the Dow-Jones Average at the old price, then finds out what change in the divisor is necessary (using the new price) to arrive at the same answer. That becomes the new divisor until the next stock dividend or stock split.

Mathematical Drawback: Clearly, the effect of GM is reduced by two-thirds. This is one of the mathematical drawbacks of this Average. The higher the price of the stock, the more it affects the Average. Currently DuPont represents over 9% of the Average, National Distillers just over 1%. Ideally, each would represent 3.3%.

Even though large percentages of all stocks perform much worse than this particular Average, it is widely regarded as "the market." Nevertheless, we would do well to remember that a careful selection of the 30 largest, healthiest, most prominent men in the community does not necessarily represent the average of the community's health.

*Partner, Security Supervisors, Investment Counsel, Chicago.

Nursing Plan Studied

Two rural counties in Minnesota are developing home nursing and rehabilitation programs for chronically ill and disabled patients. A citizens committee surveyed Wright County, found 155 people confined to homes. A pilot home nursing care program is under way in Steele County.

Nutrition Grants Offered

The AMA's Council on Foods and Nutrition announces that applications are being accepted for ten \$600 research fellowships in clinical nutrition.

Purpose of the fellowships—sponsored by the Nutrition Foundation, Inc., in cooperation with the Council on Foods and Nutrition—is to stimulate staff members and students of medical schools to take a more active interest in the science of nutrition.

The grants of \$200 a month for three months will be made to each medical student upon recommendation of a senior investigator.

Applications should include a brief outline of the proposed study; assur-

ance that adequate physical facilities are available; and assurance—but not necessarily identification—of the availability of a qualified medical student.

Deadline for applications is Dec. 15, 1958.

Applications should be made in writing by the senior investigator to: Council on Foods and Nutrition American Medical Association 535 N. Dearborn Street Chicago 10, Illinois

The fellowships are being given in honor of Dr. Virgil P. Sydenstricker, Augusta, Ga., recipient of the AMA 1958 Joseph Goldberger Award in Clinical Nutrition.



INSPIRATION FOR DESIGN comes to Dr. Robert G. Zach as he studies an X-ray of the colon. The Monroe, Wis., radiologist's synthesis of profession and hobby has resulted in a thriving side business.

'Sick' Jewelry Is Robust Hobby

Diverticulosis of the colon five years ago has resulted in a thriving side business for a Monroe, Wis., radiologist.

Dr. Robert G. Zach, who is associated with the Monroe Clinic and St. Clare Hospital in Monroe, did not suffer the colon ailment but fashioned a tiny, three dimensional, anatomically perfect model of it on a tie bar.

Dr. Zach's colleagues were so delighted with his synthesis of profession and hobby—making jewelry—that they began bombarding him with orders for designs related to their specialty.

Soon Dr. Zach's spare time was spent in making cuff links, key rings, charms, earrings, money clips and tie bars with such designs as "Circle of Willis with an Aneurysm" for neurosurgeons, "Uterus and Fallopian Tubes" for obstetricians and gynecologists, "Orchidectomy" for urologists, and "Red Hot Appendix" for surgeons.

After receiving hundreds of requests, Dr. Zach hired an optical technician to help him and in 1955 the radiologist established the Medical Jewelry Co., manufacturers of "The World's Sickest Looking Jewelry."

Dr. Zach now has some 150 designs, including conversation pieces for every specialty, GPs, nurses, medical technicians and dentists.

Group Sets Record

For the first time in Connecticut organized medicine, a county medical group has passed the 1,000-member mark. Hartford County Medical Assn. now has 1,011 physician members.

'Polio Pill' Tests Are Stepped Up

Increased field tests of a polio vaccine pill are underway.

Lederle Laboratories confirmed that tests of its attenuated oral polio vaccine began within the past month in Nicaragua. Tests already were underway in Colombia and in the Minneapolis-St. Paul area.

Other field tests will be started later this year and in 1959.

Testing Incomplete: "We're not ready yet to claim we've accomplished anything but the testing generally is very promising," reported Jack Bailey, professional and trade relations manager for Lederle at Pearl River, N.Y.

He said the polio vaccine pill will not be ready to submit to the Pure Food and Drug Administration for tests and approval before late 1959. Lederle has been working on the product for 10 years.

"And that date is highly provisional on a great deal more testing," cautioned Bailey.

Statement on Cost: "It certainly won't be any more expensive than the Salk vaccine," is the company's reply to questions about cost.

The field tests among 200 families totaling 500 people at the Twin Cities has been done under direction of the Minnesota State Department of Health.

Pan-American Sanitary Bureau, branch of World Health Organization, is conducting the tests on 5,000 children in Colombia. Nicaraguan tests include young adults and children.

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Insurance Plan For Aged Offered

Hospital-surgical insurance for people 65 and older is being offered on a large scale for the first time. It is being sold in Wisconsin, Indiana, Illinois and Iowa.

The "65 Plus" policy is sold on the group insurance principle with all of the people 65 and older in one state making up the informal group to which the policy is offered.

Trial Basis: It first was sold in Iowa a year ago and still is considered on somewhat of a trial basis, said Dr. Clem Martin, medical director for Continental Casualty Co., the insurer. The policy now has been extended to the three new states for more experience.

"If we don't lose money we'll be happy," Dr. Martin said. "We're trying to do something to answer a pressing social need. Frankly, we need to sell a big number of policies to be successful."

Dr. Martin said that if this kind of commercial insurance policy is not successful there may be government hospital-surgical insurance for the aged.

The company has written more than 100,000 policies for older persons through its contracts with such groups as the National Retired Teachers Assn. and National Association of Retired Civil Employees. It has agreed to write insurance for the newly-formed American Association of Retired Persons.

Enrollment Campaigns: Premiums are \$6 a month in Iowa, \$6.50 in Wisconsin, Indiana and Illinois. People enroll by mailing coupons from newspaper ads to the company's state agents. Enrollment campaigns will be yearly and of a month's duration.

If the policies are successful in the trial states the company will offer "65 Plus" on a national basis, Dr. Martin said.

Auxiliary Leader To Judge Awards

Mrs. E. Arthur Underwood, president of Woman's Auxiliary to the AMA, has been invited to serve as judge of the Carol Lane Awards for traffic safety.

The awards are administered by National Safety Council through a grant from Shell Oil Company.

Mrs. Underwood will be serving with Ivy Baker Priest, Treasurer of the U.S.; Mrs. Marion E. Martin, Commissioner of Labor and Industry, State of Maine; Mrs. Raymond Sayre, chairman, Women's Activities The President's Committee for Traffic Safety; Judge Geraldine Macelwane, Toledo, Ohio; Mrs. Margaret Wolverton Savage, former traffic engineer, Los Angeles; Mrs. B. V. Todd, safety chairman, General Federation of Women's Clubs.

Mrs. Underwood, wife of a Vancouver, Wash. physician, has held various offices on the national board of the auxiliary since 1946. She also is past president of Washington State and Clark County Medical Society auxiliaries.

She has academic degrees from Marylhurst College, Universities of Oregon, Western Ontario and Northwestern.



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New Cars They're Even Bigger

The annual Autumn parade of new cars zipped along last week as Oldsmobile and Cadillac introduced their 1959 models.

Oldsmobile and Cadillac followed basic changes seen in General Motor's Buick which opened the new car season Sept. 15.

All three cars feature a "vista panoramic" front windshield, giving generous front, top and side vision. A new wrap-around rear window on some models gives goldfish bowl vision.

Wider and Longer: Oldsmobile emphasizes a clean sculptured line, eliminating much of the chrome trim seen on 1958 models. They're lower, wider, longer.

Cadillac eliminated the front fender strip and accentuated the rear end by elevating tail fins. As an optional feature, Cadillac offers "cruise control," which enables the driver to set the car at a desired speed. The control is disengaged by touching the brake, accelerating, or depressing the cruise control knob.

Chevrolet—restyled in 1958—has undergone major changes again. It is a little longer, wider and lower.

Ford Motor Co. will introduce their cars later this month and in November.

Few Changes: Lincolns and Continentals are slated for November debuts. According to news reports, they will be the least changed among Ford products. The Lincoln grille, tail-lights, trim and interior will be different. Continental Mark III changes will tend to distinguish it from the Lincoln.

Mercuries will have "wrap-over" windshields. Fins will be replaced by sculptured-look rear fenders. Edsels will retain their distinctive style features.

Ford will be wider, longer. New body panels, more glass and a different grille will be offered as well as a simplified automatic transmission on economy models.

Massive Look: Chrysler products—due in mid-October—will highlight "swivel seats" in the comfort department and a "massive look" stylewise.

The swivel seats are two individual seats in front which swing outward 40 degrees to allow ease in getting in and out of the car. These seats will be standard on high-priced Plymouths, De Sotos, Chryslers and extra-cost option on other models.

American Motors' Rambler—only U.S. car to increase sales in '58—will



CADILLAC, a restrained use of chrome.



OLDSMOBILE is longer, lower, wider.



NEW SWIVEL SEATS in Chrysler cars promise ease in getting in and out.

have a new station wagon. In line with the smaller car concept, it will be 3 feet shorter than most other station wagons.

Studebaker-Packard will challenge Rambler's grip on smaller car sales with a new auto tentatively named "Model X." Scheduled to go on sale in November, it is a little shorter than the Rambler. Cost: \$1800 and up.

Prices Are Stable: Generally, car prices will be only a little higher and some models will remain at 1958 levels.

Prices will be posted on all cars, giving buyers a better opportunity to evaluate trade-in offers and "discounts."

Car sales are expected to jump one million over 1958's 4.5 million cars.

Long-Time AMA Delegate Retires

Dr. Walter E. Vest, Huntington, W. Va., who has served as one of the two AMA delegates from his state since 1934 without missing a House of Delegates roll call, will retire after the Clinical Meeting in Minneapolis Dec. 2-5.

His successor, Dr. Charles A. Hoffman, Huntington, immediate past president of W. Va. State Medical Assn., takes office Jan. 1.

Dr. Vest, editor of The West Virginia Medical Journal since 1937, continues in that position.

A past president of his state association and Southern Medical Assn., Dr. Vest attended his 40th consecutive annual state association meeting in August.

Valley Meeting Attended by 800

"The right of the patient to select the physician of his own choosing is fundamental to medicine and to democracy."

With these words, Dr. Gunnar Gundersen urged physicians attending the Mississippi Valley Medical Society meeting in Chicago, Sept. 24-26, to oppose third parties which "limit the rights and privileges of those involved in providing and paying for medical care."

Speaking at a banquet on the second day of the nine-state meeting, the AMA president cited the profession's fine relationships with the Metropolitan Life Insurance Co. in its medical-surgical benefits contract with General Electric as proof that medicine is ready and willing to practice with third parties.

"However," he added, "when certain third parties insist upon drastic changes in medical practice that are detrimental to the patient, to the physician, to good medical care and to the third party itself, then we in medicine must object strongly—and with one voice."

In other activities at the three-day meeting attended by some 800 physicians, Dr. Alton Ochsner, New Orleans, was honored as recipient of the 1958 Honor Award and Dr. Arkell M. Vaughn, Chicago, was presented the 1958 Distinguished Service Award.

Six panel discussions were held during the meeting. They were on jaundice and liver diseases; hypertension; fractures in children; menopause, menorrhagia and amenorrhea; diseases of the pulmonary tract, and diarrhea in infants.

Union Studies Health Program

United Steelworkers union at its constitutional convention in Atlantic City called for a broad study of its health and welfare programs and talked of setting up union operated hospitals and clinics in areas it feels may need them.

The union hinted the money for the study would come from company funds already established for medical and hospital care plan.

The union said it had met with some success in limiting the size of rate increases requested by existing health plans "but by no means are we completely satisfied with the reasons given for the skyrocketing costs of our hospitalization and medical care programs."

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Advice to M.D.s Called to Court

To the physician, the courtroom means wasting valuable time to give a carefully restricted opinion, necessarily based on inadequate observation, for persons who cannot understand the details of the problems and who probably will not believe him anyway."

This was the way a Connecticut physician summed up the medical profession's attitude toward spending a day in court.

Positions Vary: But no matter how great a doctor's aversion to the courtroom may be, it is likely that he will one day find himself involved in a legal case.

His rights, privileges and duties as a physician will be found to vary with his position in the case. The doctor may be called on to testify when he:

- Treats a patient and is summoned to testify as to the patient's physical condition as well as details of the treatment.

- Has not treated the patient but is called on to give "expert" testimony.

- Has information on a case as a citizen rather than as a physician.

A Few Don'ts: When a doctor is called into a case, he can be reasonably certain that an attorney will brief him on what to expect on the witness stand.

Here are a few points to remember when giving testimony:

- Don't be afraid. The honest physician who comes to court to tell the truth has nothing to fear.

- Don't testify as an expert unless you are satisfied that you are qualified in the area of specialization involved.

- Don't use terminology which will not be understood by jury, legal counsel or the judge.

- Don't neglect to inform your patient's attorney of all unfavorable as well as favorable facts.

- Don't regard it as an admission of ignorance to indicate that your opinion is not conclusive. To do otherwise is frequently dishonest.

- Don't be smug. A courteous, modest attitude is much more impressive.

- Don't give categorical answers in all instances. Often the proper answer should begin with an "if."

- Don't lose your dignity, even if an attorney cross-examines you concerning your training, integrity or intelligence.

3 Doctors Named To Advise Jaycees

Dr. Leonard W. Larson, Bismarck, N.D., chairman of the AMA Board of Trustees, has named three physicians to serve as health project advisors to the United States Junior Chamber of Commerce.

They are Dr. George H. Garrison, Oklahoma City, Okla.—who will serve as chairman of the group—Dr. Lester B. Lawrence, Oakland, Calif., and Dr. John W. Davis Jr., Lynchburg, Va.

The AMA representatives will be part of a committee which will assist the Jaycees in planning and evaluating their Community Health Project activities. Other organizations asked to appoint representatives to the committee are Association of State and Territorial Health Officers, American Hospital Association, and American Dental Association.

8 Doctors Take to Song, Become 'Hits'

The two performers on stage were dressed in Ozark hillbilly clothes, sang with the proper nasal twang and engaged in the usual antics of professionals.

Their song, however, was about hemorrhoids and they were two Springfield, Mo., physicians, Drs. James Brown and Don F. Gose, who were rocking the ballroom of Chicago's Hotel Drake.

They are part of a group of eight Springfield physicians who have been solid hits at three medical gatherings and now have bids for performances all over the U.S.

20 Odd Songs: Dr. Brown wrote the lyrics for the 20-odd songs which the troupe performs. Wilfred Adler, Southwest Missouri State College Music Department, did the musical ar-



SIX SINGERS of "Your Medical Hit Parade" are (top row) Drs. Hal Lurie, F. T. H'Doubler, Fred Coller, (bottom row) Charles Lockhart, Jim Brown, Don Gose.

rangements, borrowing from popular songs. He also acts as accompanist.

First performance was at the installation banquet of the Greene County

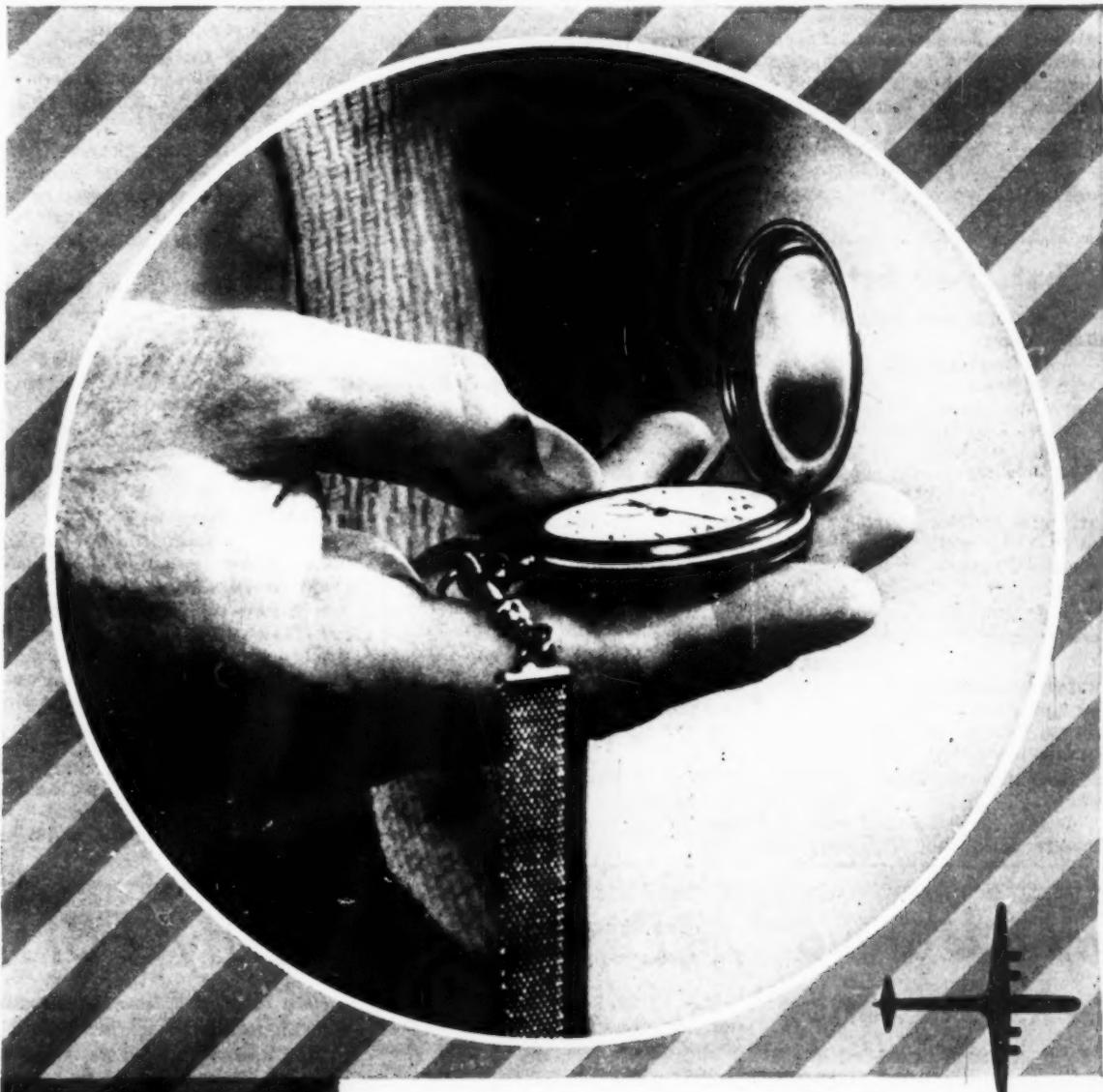
Medical Society, Springfield. Next they went to the Missouri State Medical Assn. convention, then to the AMA Public Relations Institute, Chicago.

Others who participate in "Your Medical Hit Parade" include Drs. Charles E. Lockhart, F. T. H'Doubler, Fred Coller, Wilfred Wooldridge, Harold H. Lurie and Guy D. Callaway.

Songs Recorded: Only six men perform at one time. Others are substitutes.

Success of their performances prompted the physicians to record some of their material for the Greene County Medical Society, which offers records at \$3 each. Profits will establish a scholarship for a Greene County medical student.

After their Chicago performance the doctors received 51 invitations to perform before medical meetings throughout the United States.



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Mothers Help Out

Speedy Sooners Train All Year

Football games are won in the summer.

That in a nutshell is the formula for success of Oklahoma U.'s Sooners, whose blazing speed and spartan stamina on the football field often runs the opposition into exhaustion.

On July 1, Ken Rawlinson, Oklahoma's athletic trainer, wrote each member of the 1958 varsity squad:

"Report for fall practice in such condition that you could, if necessary, play a regulation game Sept."

Players give Rawlinson and Coach Bud Wilkinson the faithful summer training asked of them and it is this willingness to make sacrifices that makes them champions.

Wilkinson, who piloted the Big Red to 47 consecutive victories 1953-1957, stresses proper weight, physical

Ken Rawlinson

toughness, tremendous stamina and fast reflexes in his players.

They Stay Lean

"Fleshy kids usually pick up the most fat around the tummy or rear," Trainer Rawlinson reports. Here's what he does about it:

Front—"To reduce the tummy, we ask the kids to walk to and from the bathroom on all fours. You've never seen a four-legged animal with a bay window."

Rear—"To reduce the seat area, we recommend that the players wiggle it in synchronization with their tooth brushes as they scrub back and forth across their molars."

Front—"To reduce the tummy, we ask the kids to walk to and from the bathroom on all fours. You've never seen a four-legged animal with a bay window."

Rear—"To reduce the seat area, we recommend that the players wiggle it in synchronization with their tooth brushes as they scrub back and forth across their molars."

Here's the summer conditioning

program the players follow, often at the end of a hot day's work:

• **June**—Distance running two or three days a week, plus five prescribed exercises a day, six days a week. The exercises, from Oklahoma's famous "Two Dozen—Plus," include Side-bender, Wood-chopper, Knee-stretcher, Leg-stretch, Trunk-twister, Toe and Heel Dance, and Push-up-and-clap.

• **July**—Distance running three or four times per week, plus exercises.

• **August**—Sprinting—lots of 10-yard dashes, 20's, 30's, and 40's—five to seven days a week. Tempo of exercises and football drills increases sharply.

The Sooners have a fetish about weight. Each May, the football staff meets with Rawlinson to consider each boy's playing weight.

Wonderful Mothers: On June 1, Rawlinson writes each player the weight he must hit when he returns to school in the fall.

"I also write their mothers," Rawlinson says. "Mothers are wonderful about this. Grateful that you're taking a personal interest in their boy, they co-operate by helping the player on his diet."

There's nothing new or spectacular about the Sooner's diet—just plain, sensible eating principles.

The Sooners have a good breakfast, eat only high protein foods, abstain from between-meal snacks, use saccharin instead of sugar, avoid drinking large quantities of water during meals and one hour before or after, use a minimum of salt, shun candy, cake, liquor and soft drinks.

All Year Round: In a sense, Oklahoma's football conditioning is a year-round proposition.

If there is no bowl game, the squad rests in December. In January, the players start running and play handball on their own three times a week. The following month, the tempo picks up.

During the 20-day spring practice in March and April, the coaches do not push the squad. The Sooners work only four days a week—Tuesday, Wednesday, Thursday and a Saturday scrimmage.



—UPI Photo
THOSE FAMILAR "shake well before using" labels may disappear from many bottled products as a result of a new industrial compound, Carbopol. Manufacturer says new material has remarkable thickening, suspending, dispersing and emulsifying properties. In demonstration above, turtles are temporarily stuck as water in beaker turns into a jelly.

Birth Control Therapy OK'd

Birth control therapy has been approved for New York City hospitals by the Board of Hospitals.

The ruling followed a two-month controversy over a ruling by Commissioner Morris A. Jacobs, forbidding Dr. Louis Hellman from fitting a patient for a contraceptive.

Later, the Department of Hospitals specified that two physicians would have to certify the need before birth control therapy could be given in any case. Written consent of the woman involved, and if possible, her husband also is to be required.

Instructions to the city's 28 hospitals on carrying out the Board of Hospitals' ruling said the patient is to be "advised to consult with her spiritual adviser as well as with members of the family."

The Board of Hospitals' ruling directs municipal hospitals to provide "medical advice, preventive measures and devices for female patients under their care whose life and health in the opinion of the medical staff may be jeopardized by pregnancy and who wish to avail themselves of such health services."

It further said:
"Physicians, nurses and other hospital personnel who have religious or moral objections should be excused from participation in contraceptive procedures."

Following Dr. Jacobs' ruling, Dr. Hellman protested that his only alternative would be to refer the patient for sterilization because, in his opinion, another pregnancy would endanger her life.

The controversy became a religious one with the Protestant Council of New York and other Protestant and Jewish groups protesting Dr. Jacobs' action. The Catholic Church and Catholic groups supported the commissioner.

The Roman Catholic Archdiocese of New York and the Diocese of Brooklyn issued a statement saying the Board of Hospitals' ruling "introduces an immoral practice in our hospitals. . . . It uses public funds for corrupt purposes, contrary to the manifest will of a large number of taxpayers. . . ."

India Gets Aid

The U.S. has given India 21 million rupees (\$4.4 million) for a 1959 anti-malaria campaign.

What They Eat — Before and After

Here are typical menus for the Oklahoma football team before and after a game:

Dinner 6 P.M. on Friday Before Game

Large fruit juice.
Fruit salad (hot soup in November).
16-ounce T-bone steak or roast prime rib of beef.
Baked potatoes.

Spinach, and peas or green beans.
Green salad.
Milk or tea (iced or hot).
Ice cream.
Seconds if wanted.

Breakfast 9 A.M. Day of Game

Large orange juice.
Hot or cold cereal.
Scrambled eggs.

10-ounce breakfast steak (fillet).
Buttered toast with honey.
Coffee or hot tea.

Brunch 11 A.M. Day of Game

Large orange juice.
Canned peaches in natural syrup.

Toast, butter, honey.
Hot tea.

Dinner on Plane After Game

Orange juice and fruit cup.
One-half fried chicken.
Mashed potatoes and green peas.
Seconds if wanted.

Green salad with dressing.
Two pints cold sweet milk.
One pint ice cream.

Each player gets two large red apples at 10 p.m. night before the game.

Quartered limes and oranges are served midway of the practice at Norman during hot days early in the fall.

Defense Group Seeks Guidance

Federal guidance is needed in organization, procedures and nomenclature for state groups, those working in Civil Defense in the Northeastern S. agree.

Their comments were made at Boston at the third regional Civil Defense workshop sponsored by AMA's Committee on Civil Defense. Previous workshops were at Atlanta and Dallas.

Workshops for 1960 were set for Chicago in the spring and Washington, D.C., in the fall. 1959's workshops will be April 18-19 at Colorado Springs and Sept. 12-13 at San Francisco.

AMA's committee invites state medical society executive secretaries, chairmen of state emergency medical service committees and their auxiliary counterparts to discuss Civil Defense problems.

M.D. Aid Asked by FBI

The Federal Bureau of Investigation has asked for physicians' help in apprehending one of its Ten Most Wanted Fugitives, Daniel William O'Connor.

O'Connor is wanted on charges of passing bad checks and as a deserter from the U.S. Army. Canadian authorities also want him on a charge of attempted murder of a Royal Canadian Mounted Police officer.

FBI warns that the 5-7, 200 to 260 pound man is known to be armed and considered extremely dangerous. He is 30, has blond hair, blue eyes, ruddy complexion and a noticeable dimple in his chin.



Daniel O'Connor

He is reported to have degenerative arthritis to a minor degree. He sometimes travels with his wife, Mary Ursula, 27, who has a left inguinal hernia and Rh-negative blood factor, and his two sons, Danny William James, 7, who has a red scar extending from hairline at center of forehead almost to right eyebrow, and Jack Kirkland, 6.

A physician meeting one of these people is asked to call the nearest FBI office.

Economist Speaks

A banker, insurance executive and economics professor addressed the first program on medical economics for Vermont physicians and their wives at Burlington, Oct. 2. The conference was sponsored by the Vermont chapter of American College of Surgeons.



Patients First

• This issue of *The AMA News* is very interesting and I am pleased that such a paper is being issued.

Having been happily wedded to the private practice of medicine for over 40 years, I hope it can be shown that each individual patient's interests are paramount at all times. All other factors will naturally fall into their proper and respective places which, with the best possible results to the patient, includes gratitude to and esteem and/or affection for the medical attendant. On this regimen was our profession honed.

This is in marked contrast to that of the UMW and similar programs where expediency, economy and pleasing the boss-man are the goals. "Machine Medicine" is for statistical purposes only.

JOSEPH W. SPEARING, M.D.
Columbus, Kan.

First Issue Comments

• The paper is wonderful for mental relaxation regarding medical news.

C. G. MILLER, M.D.
Sturgis, Mich.

• Why a newspaper? We have more than enough to read now.

Put the worthwhile in the JAMA and save our money and our time.

HILMER R. SCHMIDT, M.D.
Rushford, Minn.

• . . . I thought your array of materials and articles were excellently chosen, well written, and interesting.

JOHN G. SEARLE
President, G. D. Searle & Co.
Chicago, Ill.

• I believe *The AMA News* is the kind of publication which should not only be of interest to doctors but to their patients as well. It seems to me that you have related very effectively items of medical significance to newsworthy subjects of general interest.

EDWIN VENNARD
Managing Director
Edison Electric Institute
New York City

• I want to go on record as subscribing to *The AMA News*. To my way of thinking, this is a great advance in medical education and progress.

DR. HELEN L. HOPKINS
Los Angeles, Calif.

• My first copy of *The AMA News* came today. It is wonderful. I like all of it—especially the news note about actors posing as doctors, dentists and nurses on TV. How about the capped nurses in the comic strips? (Page 1.)

BEULAH FRANCE, R.N.
New York City

• I have read it and think you have hit upon a capital idea for getting important condensed items to your busy doctors. I would be most interested in how your members react to this service.

ROBERT R. NEAL
General Manager
Health Insurance Assn. of America
Washington, D.C.

• Today I received *The AMA News* and I have actually read every page. It is attractive and readable and you are indeed to be congratulated.

MRS. OSCAR A. AHLGREN
General Federation of Women's Clubs
Washington, D.C.

• This publication should create a tremendous amount of interest, not only to the physicians who will receive it but also to the large host of laymen who realize the importance and significance to our overall economy of the practice of medicine. There are many of us, besides the physicians, who feel that the private practice of medicine should not be interfered with by governmental activities and socialized planning.

I. F. BETTS
President
The American National Bank
Beaumont, Texas

• The medico-economic and socio-economic fields are becoming increasingly a concern of the medical and allied professions and, therefore, a publication aimed at succinctly reporting in these areas should be pertinent for a busy physician.

The first issue is easily read and in my opinion should arouse the interest of your audience. Whether this can be sustained in the face of the present competition for the physician's attention remains to be seen.

H. W. BLADES
President, Wyeth Laboratories
Philadelphia, Pa.

Graduate Training Shows Increase

More than 35,000 physicians last year took graduate medical training in 1,400 American hospitals.

There were 10,198 graduates serving internships in 1957-58, an increase of 305 over 1956-57, according to the annual report on graduate medical education prepared by AMA's Council on Medical Education and Hospitals. The report showed 24,976 were serving residencies, an increase of 1,964 over the preceding year.

The number of hospitals offering training increased from 1,372 to 1,400.

Only 17% of the available internship positions were unfilled, and only 18% of the residency positions. Many internship positions are filled by graduates of foreign medical schools, the report said.

An editorial in the current issue of the *Journal of the American Medical Association* discusses the report, which also shows:

- Average number of intern positions for each hospital has increased from 11.3 to 14.2 in past 10 years.

- Rotating internships, which includes training on medical, surgical, pediatric and obstetric services, accounted for 87.6% of those offered.

- Church and nonprofit incorporated hospitals offered 78.9% of the available internships, federal hospitals, 4.7%, nonfederal governmental, 15.3%, and private 1%.

- Federal hospitals had highest rate of occupancy with Navy and U.S. Public Health Service hospitals having no vacancies.

- Hospitals affiliated with teaching institutions raised their monthly cash stipends from an average of \$141 in 1956-57 to \$155 in 1957-58. Nonaffiliated hospitals raised theirs from an average of \$177 to \$197.

- About ½ of all residencies were offered in surgery, internal medicine

and obstetrics-gynecology. Residencies in aviation medicine, dermatology, obstetrics-gynecology, ophthalmology and surgery showed an occupancy rate of 90% or higher.

Dates to Remember

Oct. 6-10—44th annual Clinical Congress, American College of Surgeons, Conrad Hilton Hotel, Chicago.

Oct. 9-10—11th annual Health Conference for Business-Industry, Rice Hotel, Houston, Texas.

Oct. 13-15—Annual meeting, Assn. of American Medical Colleges, Philadelphia.

Oct. 16-17—5th annual Symposium of AMA Council on Foods and Nutrition, U. of Wisconsin, Madison.

Nov. 8-9—9th County Medical Societies Civil Defense Conference, Morrison Hotel, Chicago.

Nov. 21-22—5th annual Conference of Mental Health Representatives, State Medical Assns., Drake Hotel, Chicago.

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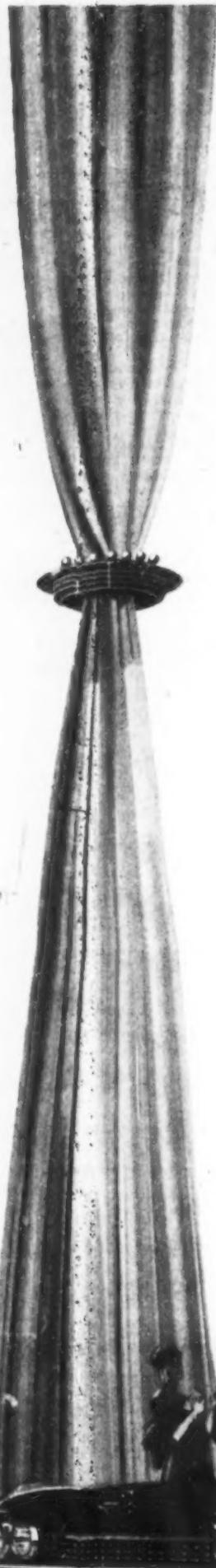
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